The New York Medical Times

Vol. XXII. NEW YORK, JANUARY, 1894. No. 1.

ORIGINAL ARTICLES.

SOME POINTS OF INTEREST TO THE MEDICAL PROFESSION.*

By Seneca D. Powell, M.D., New York.

IN accepting the Presidency of the Medical Society of the County of New York, with the duty and responsibility of presiding over the deliberations of a body so justly renowned and influential, I cannot but be sensible of the honor bestowed and the confidence expressed by your selection. You have my thanks; and I hope that I may be able so carefully and impartially to discharge the duties of the office that your confidence will be justified.

I yield to no one in appreciation of the dignity of this organization, and the importance of its influence. It is the ancient and legally recognized authority upon professional standing and medical ethics. The size and character of its membership, with its location in this cosmopolitan city, make it a power in our profession, perhaps, unequalled by any like association in this country. Its spirit is contagious. Its deliverances are esteemed as professional oracles. Its efforts towards any object carry the prestige, power and effectiveness, which naturally pertain to a body of men distinguished for the highest professional knowledge and success.

Such being the case, a certain leadership belongs to this Society, which cannot be refused. It is expected—in a sense demanded of us. The position is ours, and its responsibilities cannot be properly ignored; nor can the duties of such leadership be safely neglected. It belongs to this Society to take the initiative in the correction of abuses where discovered, and in the introduction of real improvements.

MORAL EQUITY AS BETWEEN PROFESSIONAL BRETHREN.

To this end you will permit a suggestion or two, not inappropriate to the occasion, and which I heartily commend to your good judgment and enlightened professional conscience. My first point is not so much a question of legal justice, but rather a matter of moral equity as between professional brethren, and especially as between two classes with unequal opportunities and rewards. Of course it belongs to us to lead the medical profession in the adoption of all measures calculated to secure to every member full legal rights; but quite beyond this, I think it will be conceded, that upon the more favored and successful practitioner rests a special moral obligation to see that no procedure of his works an injustice, or is occasion of needless embarassment to his less fortunate brethren. I am satisfied that such injustice and embarassment is occasioned by the readiness of the community to abuse opportunities for free treatments, together with the indifference of many physicians, and their failure to investigate and to discriminate in such cases. It is not my thought to check a real benevolence. I would be the last man to deny the reliefs and benefits of science to the poor. It is a glory of this city, that no one, in whatever extremity of poverty, needs to perish or suffer for lack of prompt and skilful medical attention. But the policy, or at least the practice, of many dispensaries and hospital Associations, puts a premium on meanness; and withdraws from the local practitioner his natural clientage, by compliantly serving at the free dispensary those who are abundantly able to pay for what they receive. Not only so, but to appease an uneasy conscience, a nominal fee is asked and given, and further moral obligations are lost to view. This is in fact abetting fraud. It is an outrage upon public confidence, as well as a very palpable injury to a large class of practitioners. Our leading physicians and surgeons connected with these charitable institutions are more or less responsible for this state of things. We freely admit that the case presents some difficulties, but surely new rules, or more conscience, care and discrimination are demanded. A most public and flagrant instance is furnished by the course of the Board of Health in its recent crusades of wholesale vaccination. There is perhaps, little to be said of the work in Cherry Street and the like; but when it comes to the free vaccination of the employes of prosperous business houses and rich corporations, and even of the sleek moneyed men of the Produce, the Consolidated, and the Stock Exchanges, and the Board of Trade, the preposterous extent of the abuse and the consequent professional injury is seen at a glance. Such things could not occur did not physicians lend themselves to the scheme. I should prefer to believe it was done thoughtlessly; and I trust that a declaration on the subject by this Society would do much toward correcting such abuses.

Again, whenever a man puts a low estimate on the importance and value of his own services, he so far lowers the medical standard, and thereby injures his professional brethren. Why reputable physicians should consent to serve rich corporations for nominal returns, would seem hard to ex-

* Inaugural address before the Medical Society of the County of New York, by the President.

plain. But the anomaly exists. Many illustrative instances of these misplaced favors will occur to the minds of those present. In this regard the legal profession sets us a different example, and one worthy of our emulation. So far from belittling the importance of his own service to the injury of his profession, the corporation lawyer exacts the highest fees, and those commensurate with the interests involved. Why should the physician adopt an opposite course?

ON EXPERT MEDICAL TESTIMONY.

Another point to which I would call your attention is the matter of expert medical testimony in the courts. Comparatively recent events in connection with some trials of peculiar public interest have given this subject especial prominence. My impression is that the result has been to discredit the value of the expert testimony as a whole. It is evident that in the case of conflict or apparent discrepancies between the testimonies of reputed experts, neither the public, the ordinary jury, nor indeed the bench of judges, nor the bar, have the especial training which would qualify them to discriminate between true and false, and duly to estimate the scientific value and the proper influence of the facts in a given case. The result is to create an impression of vagueness, a natural distrust of the whole business, and of the medical science with which it is associated. Such a matter at first thought might seem beyond the power, if not the province of this Society. But permit me to suggest that it is not really so. Both in the interest of civil justice, and of our profession, the evil might be rectified by the appointment from this Society of a commission or jury of competent physicians to review and to pronounce upon the entire expert testimony in each given case. The summing up by such a commission would in the highest degree inspire confidence and subserve the ends of justice. Of course such a procedure must be authorized by Statute law. But it is entirely within the province of this most influential body to propose and to secure the appropriate legislation.

ON MEDICAL LEGISLATION.

And this brings me to another very important consideration affecting our relation to the profession at large, the State and the community. It is an undeniable principle that with a responsibility of any sort must go the power and the supervision in the matter under consideration. Now since this is the legally instituted and recognized medical society of the County of New York, and the body in which inheres the major responsibility for whatever action may be taken affecting medical affairs, it follows that all legislation relating to the practice of medicine, either as between physicians, or between the physician and the community, should be first submitted to this Society and receive its approval or disapproval before it is transmitted to the State Society or proposed for enactment as a law. A Society of such a character as this is often asked to endorse plans and schemes which may be worthy of its endorsement, or possibly should not receive its sanction. In my judgment *all* such propositions should be referred to the *Comita Minora* for careful consideration before any official action is taken, and I so recommend.

In view of all that has been said upon this subject and of the necessities of the case, the propriety must be manifest to everyone of adding to our standing Committees one on Legislation, to the especial care of which may be committed all such matters, often among the most important upon which we may be called to take action.

A CASE OF OFFICIAL DISCOURTESY.

A recent case of official discourtesy and injustice I think worthy of mention in this place, not so much on account of its intrinsic character, as in view of what appears to me a want of proper *espirit de corps* and professional sympathy in the treatment of the affair by some of our physicians: Referring to the case of the New York Infant Asylum, it is noted in the issue of the *Medical Record* of November 25th that, "A recent attempt to bring before the medical profession the question of the treatment of Medical Boards by the managers of hospitals, provoked, unfortunately, a somewhat sharp discussion at the Academy, and showed again how quickly a certain number of physicians will side with the higher and the moneyed powers and against their medical brethren."

The facts of the case entirely justify the remark, which I have quoted from the *Journal*. It is indeed an unfortunate state of affairs, not that the atmosphere of the Academy should be stirred by a sharp discussion, but that physicians should be so short-sighted, not to say partial and unjust, as to range themselves upon the wrong side of such a controversy. By all accounts the course of the Board of Managers was arbitrary, ungrateful and discourteous in the extreme to the Board of Physicians, who had long given the institution without reward, and as it now appears without thanks a valuable service in the frequent rendering of their professional care, and by their advice as to competent men for visiting physicians. Upon what ground such discourtesy to such men can be justified it is hard to see. But my especial point is, that, is if we do not sustain honorable brethren of our own profession in their expectation of just and courteous treatment, we injure and degrade the profession itself. A certain jealousy for professional rights and honor is certainly due from every member of the fraternity; and every failure in this regard not only reacts upon ourselves, but is an injury to all.

SECTARIAN DESIGNATION.

Perhaps a mere allusion may not be out of place to the attitude of some, who are not unwilling, to say the least, that an impression should go abroad that they are practitioners of sectarian medicine. If a word to the wise is sufficient, it should only be necessary to recall the positive attitude of our Society upon this subject, and its-

unmistakable declarations. Article XVII. of our Constitution reads: "No member of this Society shall assume any sectarian designation indicating that his practice is based on any special doctrine or dogma, or specified method of treatment." And again, the closing sentence in the form of application for membership reads: "And (I) hereby declare my abnegation of sectarian principles and practice." The moderate and conservative thought is, that the County Society means just what it so emphatically proclaims, and that the only proper and just course is to receive gentlemen as members, when all the requirements for membership are complied with.

ON INCREASE OF MEMBERSHIP.

In closing let me express some sense of the pleasure and profit personally derived from my connection with this Society in the past, and my desire for its present and future importance and usefulness. To this end I ask that the present members have in mind the thought of increasing our membership by the introduction of proper candidates; and that from the older members especial consideration be shown for the young men of the profession, both within and without the Society. Such encouragement is often of great value to the recipients, and the young blood is essential to the health and growth of the organization.

I further crave your consideration and assistance in my efforts to facilitate the business and to promote the interests of this body in the honorable and responsible position in which you have placed me.

LIFE IN THE CELL.

BY JAS. A. CARMICHAEL., M. D., NEW YORK.

WE have now reached the one grand dominating and controlling fact in the history of animal organization, viz., the incorporation with it of the mysterious and potential force that is inherent in nervous matter. Before we proceed in the direction of the investigation of this subtle power in its promotive influences upon the progressive development of animal life, might there not be some advantage, or, if not so, at least some curious and attractive interest attaching to a retrospective inquiry as to the existence of an analogous power in the humble little unicell which we have left behind in our onward march and our eager quest for light to guide us in unfolding the mysteries that veil the ever increasing and higher forms of life? Can we hope to find any analogy between the comparatively impotent power that lives in the primitive unicell of the lowest forms, the amœba, moneron, in the sponges, protozoans, radiates, trilobites, crinoids, etc., and the first appearance of nervous matter and of a nervous system, as animal life expanded and advanced? Shall we deny the existence of an analogous force, though in a more crude and degraded form, and of feebler potentiality? Be it so, but yet *there was a "vis insina," a hidden force that was sufficient to beget life!* What was it? We call it protoplasm, living matter. "What's in a name?" Does it bring us any nearer to the comprehension of its causa vivendi, by giving it a sonorous and ambitious name? All the same, whether we deny it or affirm it, *it begat life.* It caused the then earth to teem with multitudinous life, and it gave palæozoic epochs now indelibly recorded on stratiform page and enduring rock. Whence came all this life? From the cell, says the most advanced scientific thought of to-day. "Omnis cellula e cellula," and its natural interpretation, omnis vita e cellula. And so from life, by the links of an indissoluble chain, we follow back to the great first cause, and so, link by link, we are led from life to cell, to creative law, to omnipotence, to God. Life then was the exegesis of the cell, the cell was the exegesis of law, creative law, law was, and is, the instrument and agent of omnipotence, omnipotence was, and is, the expression of God, and God *was, and is*, before ever worlds were made, and glowing with starry light, were set in the firmamental dome.

To return to the question of analogy, though endowed with no nervous matter nor system, shall we deny to the beautiful comatula of the crinoid variety, with its ten waving arms, covered by their vibratile cilia, by which the current of the water in which it floats, is made to impel to it the food upon which it subsists, shall we deny to it some power, faculty, consciousness or instinct, or whatever else we may elect to call it? We must call it something—or accept the soft impeachment of ignorance—that bears some relation to the nervous force of the creature that claims a nobler lineage and more exalted attributes. Is not the vitality of the humble unicell that is sufficient for its needs, akin to nerve force, and does it not fulfil the functions of its feeble life sufficiently to maintain it in its finite existence? And so the uses and purposes of its life are met and carried out as designed from the moment of its creation. Again, before we leave this part of our subject, does the process of fission or cleavage awaken in the degraded creature nothing of the consciousness of its own propagation? Can we find no cause for wonder in some of the operations of cell life—however low in the creative scale—that can suggest a link of association with the phenomena that attend the evolution of life in the higher and nobler forms of life? The very first act of propagation would seem to be directed by a power and a purpose so allied to and akin to consciousness or instinct—we are almost tempted to write—aye, even to mentality itself—that we may dare venture to declare that even here to the unicell that evolves the lowest creature known, is given so much of instinct, or the consciousness of the necessity for the repetition of itself by self propagation, as will urge it to the performance of this duty promptly and effectively. We believe the cell to be a living thing, and, as we have seen, it is also vitagenic, and capable of imparting life by

its propagation, and if so, impart equally whatever of consciousness or instinct it may possess, to its progeny.

It may be difficult for the mind of man, in its exaltation, and in the pride and thrill of possession of its marvelous powers, to ascribe to this lowly and humble existence, so remote from it in the scale of created life, even a figment of its supernal power. But that humble existence, call it cell or other, has projected a living thing "after its kind," which not only lives, but gives life to another, and that other to still another, and on and on immeasurably and increasingly, with improved and progressive evolution, until the offspring might well deny the degrading association, and repudiate the progenitive source of its own being. If there be any truth then, or resemblance of truth, in accrediting to crude, formless matter a vital impulse that is connate with it, and that directs and compels every process of evolution, growth, development and maturity of which it is capable, and which it needs to enable it to take the place assigned to it in the order of creation, then, in those primordial beginnings of life, the simple, primitive cell contained within itself enough of the principle of life to meet and supply the necessities imposed upon the early denizens of the then young earth. As time went on, and terrestial conditions changed and advanced, all living things changed and advanced "pari passu" with them, and after the lapse of what now seem to us immeasurable æons of ages, new orders of created things succeeded to the old, and the requirements of inflexible law demanded improvement and enlargement in the physical manifestations of life, and hence, of necessity, in the physical agencies by which such manifestations could alone be made to appear. The simple cell had performed its appointed duty in the creation of those types of animated life of which it was capable. Now it must be supplanted and substituted by another element in the vital creative principle, the stimulus of whose increased vitality should cause the evolution of new forms, endowed with a more perfect organization, enjoying a larger and more extensive scope in which to exercise their newly-fledged powers and capabilities, and stand forth as representatives of a higher and more exalted order in the grand system of creation. What was this new element in the vital creative principle? The same that, from the time in which it was first implanted in the inert ascidian mollusk, and onward, through successive generations, was more and more liberally distributed and bestowed as the great vitalizing principle, marking by its contributions to organized life, of every succeeding grade, increased force, power, intelligence, and finally reach its intellectual apogee in the cortical structure of man's brain, and setting him apart as the perfected and completed work of the Omnipotent Power that is only measurable by eternity itself. Nervous matter is the synonym for, and symbolizes the best and most perfect energies, physical and mental, of which the creatures occupying and representing life, in its humble sphere, are capable. In man, it is the subtle and mysterious principle within him that guides, controls and stimulates his whole being, physical, intellectual, moral and spiritual. A mighty instrument, and capable of conferring upon him all things that are good, and conducive to his well-being, a very angel of rest and peace, ministering to the requirements of his best nature, or often when rent and torn by trouble and unrest, or, it may be, by pernicious and unholy passions, a retributive devil, that no human help can exorcise, and for which there is no *Ιησος Χριστος*, no Anointed Healer, no Christ of Nazareth to say, "I charge thee, come out of him."

Of the different qualities of nervous matter, as we have already abundantly discussed them elsewhere, and as there will be much to be considered respecting them when we shall have reached their investigation in certain of the intermediate conditions of animal life, and on to man, we will only make mention of them here. Let us now pass on from the Silurian period of advancing time, and from the homes of the hosts of the invertebrata. The earth has again uplifted itself, and emerged more and more from its subaqueous depths. A new age—The Lower Devonian—as recorded in geologic history, next follows, and is about to mark with its distinguishing features what is now known as "the age of the limestone formations," to be succeeded in the slow transition of time, by the "Upper Devonian, or age of the sandstone." It is not our purpose to pursue farther the geologic records as they tell of the gradual superposition, upon what has gone before of earthy strata, and monumental rocks that stand as palæolithic landmarks attesting the passage of time, and the indelible impress of his "unerring finger" upon the slowly-growing earth. We have to do with life, now as before, and with life that has sprung into a new and more complete life, that has been transfigured, and has felt the transforming influences of time and of the law and laws that began when time itself began, laws so aptly described by Vacherot in his "Philosophie des Causes Finales," "Lois immuables éternelles et universelles." Laws unchangeable, eternal and universal. And now, a new world has been created, and invites us to "put away old things, and press on to those that are new." A new life has been born, and claims its place on the earth and in the waters. Strange and uncouth forms have taken the place of those that have fulfilled their appointed purpose, and are seen moving and impelled into unaccustomed vigor and a more liberal and unrestricted freedom by the vital and subtle element that has been added to organic life. Now the sun sheds his light upon a regenerated world, and by and by as time rolls on, a virgin soil will meet his fructifying embrace, and respond with full fruition of progeny, and the hills and valleys, decked in green will "clap their hands, and blossom as the

rose." We stand upon the threshold of a new age which waited for untold centuries to receive at the hands of prying and curious science its baptismal name. Science has obeyed and duly recorded it as "The Devonian age."

The most prominent fact connected with the coming into existence of the Devonian age or epoch, was, that it was marked by the appearance of living creatures entirely unlike those that had preceded it in the Silurian age, and that also gave evidences of an increased vitality and of an advanced and more perfect organization. There was one specific fact characterizing life of the primitive Devonian age, and that was the possession of a backbone, consisting of a number of small bones so arranged and connected with each other as to admit of motion in various directions, at the same time preserving such an amount of solidarity as not only to give strength to the body, but to serve as a point or points of departure for the movements of which it was capable. Science gave the name of vertebræ to these bones, and the name vertebra, from "vertere"—to turn—whereby is signified the mobility or turning of these bones upon each other, has not only continued through all succeeding ages up to man, but gave to the "Devonian age" the distinctive appellation of the "age of the vertebrates." We might here interject a few words in relation to the use of the term backbone, as having another signification than the anatomical name as applied to the vertebral column. It is not unusual to hear the term used as a synonym for strength of various kinds. We speak of the backbone of an argument, for example; or of a theory; of a fact; of money as the backbone of a scheme or enterprise, of an individual as being the backbone among other individuals, of an undertaking or plan or purpose; of courage, as when we say, Keep your backbone stiff, Don't give up, etc. In the same way the word courage is used as applied to the heart, indeed is derived from it, as in the Latin "cor," the Greek "καρδια," the "French cœur," the Spanish "corazon" etc. "I have no heart for this enterprise," says he of weak courage. "But screw your courage to the sticking place," said Lady Macbeth to her wavering consort, etc. So, then, the possession of the backbone in the Devonian age was the beginning and the earnest of more strength, mobility and vitality of the creatures that then sprang into existence. It would not be irrelevant here to suggest a thought or two upon the backbone as a support to and a physical and physiological departure from the various organs that make up the physical life that illustrated the Devonian age, but this would lead too far afield. In the future of our investigations, it will meet us again in connection with the spinal cord and those wonderful ganglia of the Great Sympathetic, the "petits cerveaux"—"little brains," of Winslow, so intimately associated with the sensations and motions of the human body. To return: When we contrast the extensive mobility of the very earliest forms of the vertebrates, known as fishes—hence another name of the Devonian age, "the age of fishes,"—with the creeping, crawling slothfulness of the creatures of the preceding Silurian periods, viz., protozoa, radiata, mollusca, articulata, etc., we feel assured that still another element of a peculiarly vivid vitality has been added to organic life, unlike any other force that has preceded it, and marking new and characteristic powers in the new generation that occupied the Devonian age. 'Tis true we have seen the rudimentary and imperfect traces of this same active principle—nervous matter—in some of the more advanced organisms of the Silurian periods, as in certain of the mollusca and articulata. But this can hardly be said to be more active and vital than that which animated the primordial cell itself, from which life originally proceeded. Nor was there the necessity for a more generous contribution of this vivid principle to the organisms destined to occupy an humble and degraded sphere of life, and to live and move within narrow and circumscribed limits. But now in these altered and progressive conditions of the Devonian epoch, we not only find the characteristic backbone or vertebral column in the living things of this period of the earth's existence, but by the instrumentality of a greater activity of the cells, to which has been committed the work of building up a new and more perfect organization, nervous matter, in larger supply, and of more intense vitality, is made to occupy the long canal, extending from one end to the other of the back bone, and also filling the cavity of the head, which a more extensive cephalization has produced, and resulting in the first evolution of an encephalon or brain. Another work of these wondrous cells has been going on here too, to usher into life this new and unfamiliar generation. A work that, at a later period of organic life, may be designated as one of, if not the most beautiful and interesting in the whole domain of cell activity, viz., the osteogenic or bone-making operations of the osteogenic cell. It would indeed be to us a most entertaining task to follow in detail the osteo-plastic operations of the bone cells in their curious and instructive processes of bone evolution from the primal osteoblast, οστεον and βλαστεμα, bone bud, even in this early Devonian age that we are now considering, and also the phenomena of evolution as they occur in the cell-membrane of the egg, to which science has given the name of "blastoderm," and from which every organ that aids in constructing every portion of the body, takes its beginning. But this would be a twice-told tale in these days of general familiarity with the operations of physiology, and of the curious details of the processes of life. Sufficient for our present purpose to consider, in as short a space as possible, some of the operations of the blastoderm in the progressive development of the various forms of fishes in this early age, and here again we apply the suggestions of the author of "The Evolution of Life," from whose interesting pages we have drawn so liberally, and whose instructive teachings and

illustrations we cordially recommend to our readers who who may desire to pursue more minutely the progressive steps of evolution in the remote periods of the earth's history that have been engaging our attention. In the next succeeding epoch, known as the "carboniferous," or age of the first reptiles and of coal plants, we shall see that before the expiration of the preceding epoch —the Devonian—and consistently with the requirements of the still stringent and inflexible law of progressive development, the complete evolution, both of the reptiles and plants that especially characterized the former era—the carboniferous—had to be, and was anticipated, or led up to, as it were, by such modifications, changes and physical additions to the advanced animal life of the ending Devonian era, as foreshadowed what was to come as time and terrestrial conditions demanded. Hence we find certain of the physical attributes of the reptile of the future attaching themselves to the larger and more fully developed fishes of the anterior epoch. This is seen in the "pterichthys," *Τπερυγξ-ιχθυς*, winged or finned fish, so well illustrated by our author, and was "clearly the foreshadowing of the true reptiles." Not only was the coming carboniferous age anticipated in its reptilian life by the changes referred to in the fishes of the Devonian epoch, but primitive indications of the plant life that would so abundantly distinguish and adorn that coming age, marked the close of the preceding era. Here cell activity took a new departure, by giving birth to the first marine plants, the "algæ" or seaweeds, "which were formed by a row of single cells, and grew by attaching themselves to rocks in the bed of the sea." Then followed the crinoids or stone lillies, the peutacrinus and a host of other representatives of primitive plant life. But these early representatives of plant life gave only the simple and modest sign of the luxuriant beauty and profusion of efflorescence and foliage that was in the future to cover the waste places of the earth and breath into the air the sweet breath of their refreshing perfume. The next and last feature of the Devonian age, now disappearing to give place to the succeeding era—the carboniferous—that we shall present is one of a most remarkable and interesting character, and eminently illustrates the results of cell activity, though employing the instrumental agency of a minute and humble organism to effect its purpose. We allude to the little insignificant creature known as "the coral animal" and the stupendous operations of its functional powers as "the coral reef builder." The coralligena or coral-makers are embraced in the order of the radiates, and among the smaller fossils are designated as coral polyps. When the minuteness and seemingly unimportant status in the scale of creation of these little creatures, and the comparative uselessness of the functional operations of which they are capable are taken into consideration, it does indeed seem inexplicable how the law of progressive evolution, and, as we are taught to think and believe, of "the eternal fitness of things," is illustrated here, yet vast portions of the earth's surface consist of the solidified remains of these tiny creatures, and their minute shells, called "nummulites," and composed exclusively of limestone, form immense reefs, and the summits of great mountain ranges in Europe, Africa and India, and the extensive chalk cliffs and siliceous deposits found so abundantly over widely-extended areas, are also formed of the tiny shells of animals that flourished in past ages. The four varieties, viz., the astreas or star-shaped corals, the meandrinas or brain corals, the madrepores and the millepores, and also a variety of sea fans and corallines, constitute the principal coral-reef builders, and it is their petrified bodies that occupy so large a space of the surface of the earth. As regards their minute anatomy, we quote from our author, it consists of "a soft body composed of a mass of cells, of a more or less cylindrical shape, divided by vertical septa or partitions from top to base, leaving spaces or chambers between. The creature has the power to absorb and assimilate for its own use, matters in the water about it, and possesses a remarkable energy in absorbing lime from the sea-water in which it lives. The coral animal soon reaches maturity, and its double function of propogation and absorption immediately springs into activity. In time, the whole body becomes hard as stone, and remains a permanent part of the coral reef upon which it grew." The coral is also oviparous. and deposits millions of buds and eggs, which also deposit millions more, and thus "the solid coral reefs are permanently built up," and still continue to attest the wondrous power and fertility that exist in the cell, even among the lowest orders of creation.

MEDICO-LEGAL NOTES OF RECENT DECISIONS.

BY DAVID A. STORER, COUNCILLOR-AT-LAW, NEW YORK.

I.

EXECUTORS—PAYMENT OF VOID LEGACY—RECOVERY.

THE N. Y. Supreme Court, General Term, Final Department, have recently held that the rule that an executor who pays any legacy must bear the loss where it subsequently appears that the assets are not sufficient to justify payment, and that he cannot compel the legatee to refund, does not apply to payment of legacies which are subsequently declared void by the courts. And in such a case the legatees will be compelled to refund, and they will not be relieved from this duty by the fact that the executor would be protected from personal liability for such payment.

II.

CHARITIES—TIME OF MAKING BEQUESTS TO.

And, in same case (Carter *v.* Board of Education Presbyterian Church of U. S.) that the Pennsylvania Law of 1855, which renders void all deeds

or wills conveying or devising property for religious or charitable uses, made within one month of the death of the grantor or testator, restricts, not only the power of Pennsylvania citizens to devise and bequeath their property to charitable corporations, but also the power of Pennsylvania corporations to take devises and bequests; and hence, that a bequest of personal property made by a citizen of New York to a religious or charitable corporation of Pennsylvania is invalid, if made within the time limited by the above statute.

III.

WILLS—RESIDUARY LEGATEES—RIGHT TO VOID LEGACIES.

Same case. That after a direction to executors to convert testator's property into money, and "to pay and dispose of the proceeds thereof as herein directed," the testator gave four specific legacies of $3,000 each; and then gave "whatever moneys may remain in the hands of my executors after the payment of the foregoing bequests" to three named legatees. That since there were no words in the will unequivocally showing testator's intent to restrict the operation of the residuary clause; and since the presumption was against intestacy, the residuary legatees, and not testators next of kin were entitled to the specific legacies which had been declared void by the courts.

LIFE INSURANCE—PROOFS OF DEATH—EFFECT OF RECITALS.

In Spencer *v.* Citizens' Mutual Life Ins. Association, it appeared that the policy lapsed on Feb. 9, 1890, but the association renewed the policy on the filing of a warranty in writing that the insured was in sound health. The insured died May 7, 1890, and the proofs of loss first served stated that his last illness was from Feb. 6 until May 9, 1890. The court held that such proofs were not conclusive, but plaintiff could show that the statements therein were erroneous or inadvertently made.

Further, that in such action, where defendant affirmatively pleads that the insured was sick before the renewal of the policy, the burden of proof did not shift because of the statements in such proofs.

Plaintiff (the widow of the deceased) had obtained a judgment in trial court. On appeal to General Term of Superior Court, the judgment was affirmed, with costs.

CARRIERS—INJURIES TO PASSENGERS—INSTRUCTIONS.

In Connelly *v.* Manhattan Railway Co., an action for personal injuries received in a collision on an elevated railroad during the "blizzard" of March, 1888. Judgment for plaintiff had been entered on the verdict of a jury—on first trial for $10,000, and on a new and second trial, ordered by General Term of Supreme Court, on appeal, $20,000.

On appeal from second judgment the General Term held that where the defense is that the collision was due entirely to the storm and elements and it appears that the car collided with was blocked at Seventy-sixth Street and that the company's rules required notice of a blockade to be immediately sent along the entire line, and that the colliding train, instead of slowing up as it approached, was given orders at Eighty-fourth Street to skip the Seventy-sixth Street station, it was proper to charge that the day itself must be taken into consideration, and that it was for the jury to say whether, under the circumstances, it was proper care to have started the train at that time, or to have tried to bring it on under the circumstances found to exist as they approached Seventy-sixth Street.

That a requested charge that if the power brakes were applied properly, the hand brakes would not add to the retarding force, and any omission to put them on was not negligen c was properly refused where there was testimo showing that the wheels might, by reason of t snow and ice clinging to them, have been irresponsive to the power brakes.

A requested charge that a railroad company is not bound to anticipate or provide against storms such as have not within practical experience been known in the locality, was given with the modification that the company and its servants must exercise the care necessary under those circumstances to prevent accidents from occurring.

The court held that the verdict was excessive, and that unless plaintiff should stipulate to reduce the verdict to $12,500, judgment should be reversed and a new trial ordered. If such stipulation be made, the judgment so modified should be affirmed, with costs and disbursements.

INJURY TO EMPLOYE—ASSUMPTION OF RISK.

Mary Daly was a carpet weaver, employed by Alexander Smith & Sons, Yonkers, N. Y. While weaving for defendant, a head came off the end of a wire, and the wire flew out and hit Mary in the eye. Action for damages resulted in a verdict for defendant, under ruling of trial court.

On appeal, General Term held, wires, such as the one which caused the accident, were liable to fly loose. There were spare wires prepared, and it was the custom of the weaver to put them in when one was discovered to be bad. The proof does not show that a break in the wire is usually dangerous. (In this case the plaintiff lost the use of her eye.) The machine must be at once stopped, so as to replace the broken wire, otherwise the weaving will be bad. It does not require a loom fixer to put in a new wire. A loom fixer generally went around twice a day. He was not proven to have omitted the inspection on the day of the accident. When the loom is in motion he can see a defect such as caused the accident no better than the weaver. It was the plaintiff's duty to watch the fabric woven, and to watch the wires, and, if one broke, to stop the loom and replace it with a good wire, which usually hung in front of

the loom. The inspector usually did not put the wire into the loom. The weaver did. The inspector's duty was to examine the wires before using. There was no proof that the wires were not good. There is proof that the wires will fly, in spite of the greatest care—fly in an instant. The proof, therefore, fails to show any neglect upon the part of the master, and the rule that an employe takes the risks of the employment applies to her.

The judgment below was affirmed with costs.

INTOXICATING LIQUORS—CIVIL DAMAGE ACT.

Two extremely interesting cases were decided at Supreme Court, General Term, Fifth Department, during the present year, both arising under the "Civil Damage Act, Laws of 1873, Chap. 646," which gives "to every person who shall be injured by any intoxicated person, or in consequence of the intoxication of any person, a right of action against the person who sold the liquor and the owner of the premises on which it was sold."

Laws of 1892, Chap. 403, entitled "An Act in Relation to Excise," gives some rights of action, with the proviso—that the person suffering such damages shall, before the sale, *have given notice* to the seller forbidding such sale to the person whose intoxication caused the damage,—but it is silent as to the persons who may sue, and as to what damages may be recovered, and contains no repealing clause.

FIRST CASE.

Annie Reinhardt brought an action in Circuit Court of Monroe County, N. Y., against Frank Fritzsche and others, (who sold the liquors) under the Act of 1873, to recover damages for the loss of her means of support by reason of the death of her husband, caused from intoxicating liquors sold to him by defendants.

His death occurred on April 13, 1890. This action was commenced May 19, 1890 and tried June 27, 1892. The Court dismissed the complaint upon the ground that the Civil Damage Act of 1873 had been repealed. From the order dismissing the complaint, the plaintiff appealed to General Term, where it was held:—

1. That the Act of 1892 does not repeal the Act of 1873, but merely limits the right of action given by the Act of 1873, to cases where such previous notice not to sell liquor has been given.

2. That the Act of 1892 does not affect persons injured before its enactment, since it does not expressly promise that it shall be retroactive.

SECOND CASE.

The peculiarity of this action, which was also brought under the Act of 1873, is, that it was brought by a posthumous child, by her guardian *ad litem*, against James H. Welch, the owner of premises where the liquors were sold. The original action at Cattaraugus Circuit, resulted in a judgment for plaintiff. Defendant appealed to General Term.

The evidence shows that the defendant Welch was the owner of the premises, and rented them to one O'Leary; that intoxicating drinks were sold to Dennis Quinlen; that he became intoxicated, wandered upon the railroad track, and was run down and killed by a passing train.

The plaintiff is a daughter of the deceased, but was born one day after his death, and the question was, as to her right to maintain this action.

It was held at General Term:—

1. That the act gives a right of action to every husband, wife, child, etc., who shall be injured in person or property or means of support by any intoxicated person, or in consequence of the intoxication, habitual or otherwise, of any person, against any person or persons who shall, by selling or giving away intoxicating liquors, have caused the intoxication in whole or in part of such person or persons, and any person or persons owning or renting or permitting the occupation of any building or premises, and having knowledge that intoxicating liquors are to be sold therein.

2. As to whether plaintiff is a child within the meaning of the statute. She was, as we have seen, *en ventre su mene*; and such a child, for the purpose of enabling it to take an estate, or for any purpose which is for its benefit, is regarded to be *in esse* if it should afterwards be born alive. Blackstone says such an infant is supposed to be born for many purposes. It is capable of having a legacy or a surrender of a copyhold estate made to it. It may have a guardian assigned to it, and it is enabled to have an estate limited to its use, and to take afterwards by such limitation, as if it were then actually born.

It has been held that the civil rights of such an infant are equally respected at every period of gestation; and it is clear that, no matter at how early a stage it may be appointed, an executor is capable of taking as legatee or under a marriage settlement, may take specifically under a general devise as a child, and may obtain an injunction to stay waste.

3. A child, during the years of its infancy, before arriving at an age that it can care for and maintain itself, is entitled to receive support from the parent, and, if deprived of such parent suffers damage in its means of support. An unborn child, if subsequently born alive, if deprived of a parent, suffers in its means of support equally with the children that were living at the time of the decease of such parent. Such a child, as we have seen, is regarded as in being, and is placed upon an even footing with the living children in reference to the distribution of the estate of a deceased parent; and no reason is apparent why the same rights should not be extended to such child, under the act in question.

The Court, in the opinion from which we have been quoting, goes on to cite an Irish case, in which the action was brought against a railway company by an infant for damages it had sustained before birth, while the mother was traveling upon the defendant's railway. It was held that she

could not recover, but the decision appears to have been placed upon the ground that the railroad company had contracted only to carry the mother, to whom alone it was liable for any injury resulting from the negligence of its servants; that, while the railroad company must be regarded as the common carrier of the mother, under the law of the "Emerald Isle," as understood by the Court, the mother was the common carrier of her unborn child.

Judgment was affirmed.

CLINIQUE.

EXTERNAL URETHROTOMY VERSUS INTERNAL.*

By W. C. Dugan, M. D., Louisville, Ky.

I AM convinced that there is not another operation so seriously neglected as that of external urethrotomy, and, too, none over-magnified as to its difficulties and complications. While I shall discuss it in its general sense, I desire more especially to enter a strong plea for urethrotomy versus epicystotomy and retro-catheterization in those cases where it is impossible to introduce a guide.

It is maintained by some that so long as even a drop of urine can be forced out, the surgeon should, by patience and perseverance, be able to introduce a small instrument. While this may be true, and I confess it is in most cases, it would be difficult to convince one that it was practicable when he had stood over a patient, with all kinds of instruments at his command, and worked untiringly without success for two and one-half hours, and finally forced to abandon it and to resort to external urethrotomy without a guide. I have had in all something near twenty cases, so I have had an experience in this operation that we are told is so very difficult and tedious, and for that reason feel warranted in giving the conclusion I have reached concerning the operation—its technique, its indications, its advantages, etc.

After a most careful study of the subject and a review of my rather large number of cases, I am thoroughly convinced that epicystotomy is an operation of itself too important to be considered a step in the performance of urethrotomy, in those cases where the passage of the smallest instruments are not found practicable.

We are told that urethrotomy without a guide, is a most difficult surgical procedure. Of this I was thoroughly convinced up to a time when I had yet my first operation to perform. I shall never forget with what fear and trembling I approached my first perineum to operate without having been able to introduce a sound, and the pleasant surprise experienced when the urethra was found, opened and stricture relieved. If one is ignorant of a practical knowledge of the anatomy of the perineum, I can conceive of nothing more diffcult. But, on the other hand, if one knows the anatomy as it is found on the subject, a knowledge which comes alone by many careful dissections, and not book anatomy, I am just as positive that I know of no operation which can be more satisfactorily and scientifically performed. External urethrotomy in cases where a sound can first be introduced, even the smallest filiform, is so very simple that I shall not enter into a description of it. We sometimes, for reasons to be given later, do the external operation even in cases where small sounds or the filiform can be passed into the bladder. In such cases, to facilitate matters, R. Harrison's method of operating is certainly to be commended.

I have experienced so little difficulty in doing the operation without a guide that I confess in most cases I have not persisted (as most surgeons do) in trying to get the sound through the stricture after making up my mind to do an external operation, but place the patient in position and operate without a guide, rather than worry for an hour or more in getting into the bladder, the main question in my mind being which of the two operations—internal or external, shall we do, rather, those with or without the guide.

Before describing the operation, it might be well to give my reason for asserting that external urethrotomy should be oftener performed. The normal urethra is a closed canal, the sides being in contact with each other. But such is not the condition of a pathological canal, when the urethra is more or less sacculated and more or less urine is retained after each micturition.

Now, with a stricture located in the deep urethra, and it is cut from within, there are pockets (numbering according to the number of strictures) in which is retained some urine from one urination to the next, provided this canal is not washed out after each flow of urine.

When we are to understand that all these cases so badly strictured as to render difficult the introduction of instruments have cystitis, and as a result, the urine is filled with pus and teeming with pathogenic micro-organisms, we should expect chills, fever and other systemic disturbances produced by the absorption of this septic material, which finds such a ready entrance through the incised stricture, which is rich in lymphatics. The question is, why is it not the rule, rather than the exception? Antiseptic surgery has done much to lessen urethral fever, but we still meet with it, notwithstanding the strict precautionary measures we throw around all these cases.

In a few words I might sum up the advantages of external urethrotomy over internal as I conceive them to be, to wit:

First.—The drainage is so perfect that no fluid can accumulate in wounds.

Second.—Cleansing and dressing the parts is satisfactory in all particulars.

Third.—The patient experiences very much

*Abstract of essay read before the meeting of Louisville Surgical Society, November, 1893.

less pain during and after urinating, which I consider very important, since the passing of urine after internal cutting is so painful that the patient is often made to cry out, and the vesical tenesmus so great as oftentimes to cause quite a free bleeding after each micturition, for some days.

Fourth.—The certainty of opening the canal against the possibility of making false passage, as is not infrequently done in our efforts to introduce small instruments.

And Fifth.—The absence of any risk of patient bleeding to endanger his life, as the field of operation is unobstructed, and the bleeding points can usually be secured and ligated, or if the bleeding is capillary, controlled by the application of compress accurately applied.

In describing the operation, I shall in brief detail the various steps as I have learned to proceed in the cases that have come under my own observation, rather than take up the subject and give the various methods of others, since this paper is simply a review of my own experience rather than an exhaustive discussion of this important subject. The preparation of the patient should be as carefully looked to as for other major operations. We should have at least two, and better, three assistants, besides the anæsthetist. The patient should be placed in the lithotomy position and drawn quite to the edge of the table. One assistant on each side should hold the legs firmly and care should be observed to abduct them equally and hold them on the same level. The first assistant now takes hold of the scrotum and lifts it well out of harm's way. The operator, seated on a stool of proper height and between the patient's thighs, makes his incision through skin and superficial fascia about two inches long, being very careful to conform strictly to the raphe. He should make several free strokes with the knife and avoid making the wound funnel shaped. No time should be lost in exposing the deep fascia, which is recognized by its being rather thick and glistening, hardly to be mistaken for any other structure when we remember it is convex from side to side, conforming to shape of the bulb of the urethra, which it covers. If we should be in doubt as to the fascia, it may be incised so as to bring the muscle into view, and its bipinniform appearance—fibers diverging—we cannot mistake it for any other structure. This muscle and fascia overlying it, is the chief deep guide in performing this operation, for they cover the bulbous urethra.

The knife should here be laid aside and a pair of forceps and blunt scissors taken, the fascia dissected up carefully next to the perineum and also along the side posteriorly. Then with a stout blunt tenaculum hooked over behind the muscle and fascia, and it lifted up and drawn forward toward the scrotum. (This being done to avoid cutting the bulb). I am confident that the importance of this part of the operation is not realized. With the bulb drawn forward out of the way, we come at once down on the last layer of deep fascia. This should be freely incised from before backward to at least three-quarters of an inch, and a pair of blunt retractors caught under its free edge and the wound drawn open. When this is done and the wound cleansed by free irrigation, the membranous urethra is exposed, surrounded by the constrictor urethra. The urethra should be held firmly with forceps or sharp tenaculum, and its lumen opened by cutting from without in. The urethra having been exposed and opened, the last step, cutting the stricture, is determined by its location.

If the stricture be located at the bulbo-membranous junction, we may find the membranous urethra abnormally large, in fact, sacculated, which renders easy the last step of the operation. But if the stricture is in the membranous urethra, it is best to cut down on it from without, whereas if it is further back, at the prostato-membranous, it is best to open the canal in front and clear the field of operation thoroughly by free irrigation; then with the lips of the wound drawn well apart, we may expect but little trouble in passing a probe through the stricture into the bladder, this to be followed by a larger instrument and then by the ordinary dressing forceps passed closed through the stricture, then opened and withdrawn. Lastly, the careful introduction of the finger, by a rotary or boring motion, we can dilate it up to any size desired. The dilatation should not be confined to the stricture, but the prostate as well, as it gives the patient much relief in voiding his urine, nor does it cause incontinence, as is believed and taught by some. If after dilating well it is found to contract immediately, like a rubber band, it should be cut in several places by the careful use of the straight blunt bistory until all tendency to so close has been overcome.

If the stricture be located at the bulbo-membranous, the urethra should be opened as already described, this time behind the stricture, hemorrhage arrested, lips well drawn apart, and a careful search instituted for the contracted urethra. Here again we rarely have any difficulty in locating the small opening and passing from behind forward, the filiform. I think it is preferable to cut the strictures located here. This may be accomplished by passing your Maisonneuve with Gouley tip down on the filiform, either from behind forward or *vice versa*. Having passed the staff through, the stricture should be cut with the smallest knife, the incision preferably made above or roof of the canal. Now the Otis should be introduced from the meatus and the stricture dilated up to tension and then cut; then close instrument, push the knife back to the end, turn urethrotome so as to cut on opposite side. Again dilate up to tension and again cut, and so on, changing instruments so as to cut a little here and a little there, until the desired size is attained, say 35 F. I have found two cases, that even with the filiform passed through from behind, it was still impossible to pass the urethrotome on it, so then I have found that trying on to the filiform a very stout

piece of cable silk, or preferably, a strong flax thread. Now the filiform to be withdrawn and along with it the thread is pulled through and left in the stricture. With this thread through the stricture, one end hanging out of the meatus and the other through perineal opening, we can readily enlarge the canal by grasping the two ends and drawing them rapidly to and fro in a saw-like manner, cutting the stricture by means of the thread. This has one very decided advantage over all other methods of cutting; there is no bleeding, or we can cut the urethra with the thread up to a size that will admit the introduction of the Otis, and complete the operation with that instrument.

If, for any reason it is desired to cut with an Otis or Maisonneuve, the stout cord, having once been passed through, it should be securely tied on to the end of the urethrotome. Now, by pulling on the cord, the instrument is made to pass through the stricture without the remotest possibility of making false passage or otherwise damaging the canal, provided due care be observed in its manipulation. This I have found to work well in the few cases in which I have given it a trial.

Some prefer to introduce a drainage tube through the perineal wound into the bladder and leave it there for a number of days. This I do not consider necessary, in fact, am confident that it gives the patient much unnecessary pain and can not possibly do him any good, hence, should in my judgment, be dispensed with entirely. The wound should be washed frequently. The canal should be irrigated night and morning, and at the same time we should carefully introduce through the perineal wound a small soft catheter into the bladder and wash it out with a saturated solution of boric acid, then a small pad of gauze applied against same and secured by the application of a "T" bandage. If the patient experiences much burning while micturating, it would be well to apply oil or vaseline just prior to the flow, and it will give much relief. Patients should be kept in bed for one week. Bowels should be kept open and patient encouraged to take largely of liquids. By the end of the week, if patient has had no complications, I introduce the solid sounds. I find that most patients require chloroform for this operation, as I feel that is important to pass them up to full size. As a rule I order ten grains of quinine the night before the introduction of sounds. He is kept in bed two days, washed out as after operation, and if he has no trouble he is then allowed to go out. By this time he voids most of his urine through the natural channel and has but little pain. Patient is then directed to introduce the straight solid sound, size about twenty to twenty-four F., each night on going to bed, with instructions that he is to see me once each week to have the large sounds introduced. If this is painful, cocaine solution is sometimes used, but as a rule it is not called for. This is kept up for one month and the patient is discharged; instructed to introduce his sounds once or twice each week the rest of his life as a preventive measure.

My paper being simply a plea for external urethrotomy for deep strictures of small calibre, I might briefly sum up the indications as follows:

First.—In all cases where there are false passages it is imperatively demanded.

Second.—In all cases of close strictures of the deep urethra where there is cystitis, it is by far the best way to get rid of both strictures and cystitis.

Third.—Where we have urinary fistulæ resulting from neglected strictures, it is the most certain and rapid method of dealing with them.

Fourth.—When for any reason it is desired to secure thorough drainage of the bladder.

Fifth.—In those chronic cases where there is reason to suspect stone of the bladder, and you desire to chloroform your patient but once and relieve his stricture, explore his bladder, and if stone is found, to get rid of it all at one seance.

DISCUSSION.

Dr. I. N. Bloom: There is so much logic in Dr. Dugan's reason for doing an external urethrotomy for deep strictures of small calibre, that I do not think there can be much dispute about it. The dangers of serious hemorrhage and sepsis are certainly very much minimized by the external method.

As to Dr. Dugan's method of operating—It is certainly very ingenious, and one that I shall keep in mind. There is one point upon which I desire to ask for information: When the incision is made and the stricture is found anterior to the bulbo-membranous portion of the canal, and the patient has complete command of his urine, I think it would be a good practice to draw off his urine at stated intervals, say every few hours, with a catheter, to be continued for several days. I would like to ask the gentleman whether this would not be a good method, preventing wetting the wound with urine and relieving the pain? Where the stricture is located in the prostato-membranous portion of the canal, where it is necessary to practice dilatation of the prostatic urethra, I should think that the external sphincter muscle would be in the same condition of dilatation, and complete incontinence of urine result.

Dr. W. L. Rodman: I am fully persuaded that internal urethrotomy has in the past ten or fifteen years been overdone, and sufficient attention has not been given to external urethrotomy. I am satisfied in the character of cases referred to by Dr. Dugan, that the external promises more than the internal method. I have never been a very pronounced advocate of internal urethrotomy; I have seen some very unfavorable results from it, and have always been rather partial to external urethrotomy, in certain cases.

It has not been my experience to find as many close strictures as indicated by the essayist. I have only seen one stricture that could not be passed with an instrument; that was in a negro man that I saw with Dr. W. O. Roberts six or

seven years ago. Even after putting the man under the influence of chloroform each of us tried a number of times, and we utterly failed to get any kind of instrument into the bladder. I think usually a small filiform can be gotten into the bladder and I am a great believer in gradual dilatation, even in many cases of perineal fistulæ.

Dr. H. H. Grant: In the character of cases referred to by Dr. Dugan, it always seemed to me it would be well to do an external urethrotomy with view of getting drainage. I can hardly feel as if I am disposed to approve his statements concerning the simplicity, safety and facility with which the operation can be done. In the two times that I have done an external urethrotomy, without a guide, I have found it not a very easy operation. In neither one of these cases moreover did the stricture involve the prostatic portion of the urethra behind the bulb; they were strictures of the membranous portion, as the majority of them are. The facility of getting into the bladder by any kind of a filiform bougie is not at all what we would be led to suppose from reading in books, but it has been my experience to eventually get into the bladder if time is allowed; and while I agree with Drs. Dugan and Rodman that cases will arise in which it is impossible to get into the bladder in the course of two or three hours, or at one sitting, it has never been my experience to fail to enter the bladder where time is allowed and where due perseverance is observed. Of course I have encountered many cases where at first it was impossible to enter the bladder with even the smallest filiform bougie, but in these cases I pass as large a bougie as I can as far as it will go; the patient is then put to bed and kept as quiet as possible, and in the course of ten or twenty-four hours I endeavor to pass a larger instrument, or to pass the same instrument a little farther in to the bladder and in all cases I have succeeded in doing so. The advantage of getting an instrument into the bladder and securing a guide, is exceedingly great. It would be very much greater to the majority of surgeons than it would to Dr. Dugan, who has an anatomical knowledge and skill which is beyond that of many ordinary operators. It is impossible for us as teachers to over-estimate the fact that discussions of this kind are bound to reach the ears and observations of those who are less skilled. It should be our duty to consider the conditions surrounding other people and the probable impression that will be given by this character of teaching, rather than to attempt to spread a profusion of ideas before the world which it will be impossible for many surgeons to carry out, thereby bringing the advocated operation into disrepute. I am sure that the vast majority of surgeons feel very much more capable of performing an operation of this kind where a guide can be obtained.

As to the wisdom of doing an external urethrotomy, I heartily agree in every statement that Dr. Dugan has made; yet I think the tendency will be to encourage men to do an operation which would probably lead them into difficulties that they would have very much trouble in getting out of. I have seen one of the most prominent surgeons in the United States attempt to do an urethrotomy without a guide fearing to go into the urethra. After laboring fully two hours he was obliged to abandon the operation, anticipating the result—sepsis and a fatal termination.

Dr. A. M. Vance: I have not had a great deal of experience in urethral surgery. I want to say, however, that I do not believe internal urethrotomy ever advisable with the exception of those cases of very fibrous and resisting strictures in the penile portion of the urethra which can be easily reached and split. I am prepared to endorse everything Dr. Dugan has said in regard to external urethrotomy in the class of cases he mentioned, with the exception of the ease with which the operation may be performed. I have done it three times, and each time in extreme cases where the deep urethra was a veritable pepper-box of sinuses. I succeeded each time in getting into the bladder, and twice in curing my patients; the third case was a recent and very extreme one; the man died of suppression of urine. I believe that when you can enter the bladder without external urethrotomy, that gradual dilatation is the operation. I have never seen a case that I could not dilate up to such a point as the meatus would admit, and the most of us believe that, "once a stricture, always a stricture," the introduction of the sound being a life affair, I do not see why we should cut. I cannot agree with the essayist that in cases where sinuses and urinary infiltration has already taken place, that he will find the ease he pictures in performing this operation. I would not hesitate in any case to do it, though, without a guide, because they are usually cases requiring immediate action, and the operation becomes a life saving measure.

Dr. W. L. Rodman: In my practice I have been exceedingly partial to gradual dilatation. Like Dr. Vance I have always depended upon it in these cases. Never in a single case of my own have I failed to get into the bladder, and I believe fully with Dr. Grant, that except in cases where immediate attention must be given, that you can always get into the bladder. I believe there is too much internal, possibly too little external urethrotomy. I am sure that in many of the cases of the character reported by Dr. Dugan that external would be preferable to internal urethrotomy.

Dr. I. N. Bloom: I am not an advocate of either form of urethrotomy where it is possible to practice gradual dilatation with success. I wish also to state that I have never done an internal urethrotomy. Of course that does not apply to undoubted cases of impermeable stricture, where you cannot introduce a filiform even when you try and fail, then wait until the next day and try again. These are the cases that Dr. Dugan's remarks are intended to cover.

Dr. W. C. Dugan: I have very little to say in closing the discussion. I have yet to see the case

that I could not dissect through and find my way into the bladder within a very few minutes. I am sure that in all my operations I have never been over fifteen minutes opening the bladder; that is finding the urethra and passing an instrument into the bladder. I do not mean to say that the operation was completed in this length of time. When the stricture is located just in the bulbo-membranous portion of the urethra, it is sometimes difficult to find the small opening; after it is found and the filiform introduced I have occasionally experienced considerable difficulty in turning the Maisonneuve on the filiform; this was before I adopted the use of the string.

There is only one condition where the operation is at all difficult, and that is where urinary infiltration has taken place; that is a most serious complication. Where this condition has existed for twenty-four hours it is almost impossible to do anything. You simply have to shut your eyes and go ahead until you run up against something. If you fail to hit the urethra, go back and take another start. Even then I have not found the operation as difficult as Drs. Grant and Vance would lead us to believe.

Referring especially to Dr. Grant's remarks as to teachers, I consider that we are speaking to-night to practical surgeons, not to students. Of course in addressing a class upon a subject of this character it is necessary to be more explicit that everything may be properly understood.

Dr. H. H. Grant: It is impossible for us to over-estimate the influence of remarks made in a society of this kind published to the world, and what I meant was not a criticism upon what Dr. Dugan said, but particularly the wisdom of encouraging surgeons in general to believe that operations such as he described, which are generally looked upon as exceedingly difficult and very often fatal in the very best hands, can by any kind of means be made entirely simple, without those means are more definitely given than was done by Dr. Dugan.

Dr. W. C. Dugan: In answer to Dr. Grant: I stated positively in my remarks that before a man started with this operation he must have an accurate knowledge of anatomy acquired in the dissecting room; not that gained from books, otherwise I do not consider that he is competent to attempt it. First, he must be an experienced anatomist; next he must be an experienced surgeon, before attempting such an operation.

Dr. Geo. Taylor Stewart, Chief of Staff, reports 869 patients treated at the Ward's Island Hospital during September, with a death rate of 2.30 per cent. For the nine months ending September 30th, 4,749 patients were treated, with a death rate of 6.38 per cent.

Dr. S. Solis-Cohen recommends the following prescription in anemia:

℞. Tr. ferr. chl.....f 3 ii
Phos. acid (dilute).....f 3 iii
Glycerin.....f 3 iv
Sol. Hydrogen dioxide (Oakland Chem. Co.), enough to make....f ℥ iii

M. S. Two teaspoonfuls in three ounces of water before meals thrice daily.

RETROSPECTIVE THERAPEUTICS.

By Alfred K. Hills, M.D.,

Fellow of the Academy of Medicine, New York.

Massage of the Prostate Gland.—Thure Brandt (*Bacteriological World*, July, 1893,) the distinguished Scandinavian masseur and the originator of pelvic massage in the treatment of the diseases of women, has applied the same principles to the treatment of certain forms of genito-urinary diseases of men, particularly enlargement of the prostate. It is evident that by massage the absorption of pathological products may be stimulated, and the nutritive condition of the tissues improved, thus removing the hypertrophy. The application is simple; the patient is made to empty the bladder, then the index finger, lubricated with vaseline, is introduced into the rectum and gentle pressure and friction made upon the gland, upward, in the direction of the pubic arch. Volianski directs that the movement should be in the direction of the bladder, or with the lymphatic current. The application should continue from one to three minutes. A number of cases have been published, illustrating the benefits derived from this treatment.

Chapparo Amarosa.—A Mexican Remedy for Dysentery.—In the *Texas Medical Journal*, November, 1893, Dr. R. T. Knox gives the particulars of an attack of chronic dysentery from which he was personally a sufferer for three years, and which arose from overwork and exposure in a climate filled with poisonous matter. Loss of flesh and strength were marked. The best kind of medical attention was bestowed upon the case, but nothing gave more than temporary relief. He was at length induced to try an infusion prepared from a thorny shrub, indigenous to Texas and Mexico and known as "chapparo bush." Of this he drank freely before each meal, and in a few weeks fully recovered his health and strength. Recently a remarkable cure of chronic dysentery has been effected in Austin by the use of this remedy, sent to the father of the patient by Dr. Knox. A further trial of the drug is being made by several physicians, and the *Journal* hopes to be able to give the results at some future time.

According to Dr. J. W. Mixon (*Texas Sanitarian*), the active properties of this plant are due mostly to a bitter principle, an alkaloid, which has not been isolated. Although chapparo amorosa is so intensely bitter, it seldom produces nausea, but acts as a palliative to the whole alimentary canal. It is of value in the treatment of bowel troubles, especially chronic dysentery. In large doses of fluid extract, 3 iiij to 3 viii, the effect is that of a diffusible stimulant. The toxic dose, if any, has not been ascertained. The drug does not purge, neither does it constipate the bowels if taken in health. When given in dysentery, it acts as a palliative, but not as an anodyne like opium. It has some antiperiodic properties, which might be a desirable feature in the treatment of malarial dysentery.

Ice in Phlegmasia Alba Dolens.—Dr. John A. Miller (*Pacific Med. Jour.*), in treating on the subject of "milk leg," speaks highly of the efficacy of the cold treatment of the disease. He first used it in 1886, and since then has used it in six cases with uniform and decided success. The procedure was in the following manner. An ordinary large towel was dipped into ice water, wrung out and clapped around the affected limb; a heavy flannel roller bandage was then applied from the toes upward to the groin. On the most painful parts, like the inner aspect of the thigh, the popliteal region and the calf of the leg, were laid rubber bags filled with ice. These were kept in place by a circular binder, independent and outside of the roller bandage. The patient was a little shocked when the cold towel was first applied, but the unpleasantness was only momentary, and then the reaction brought ease and comfort.

Whortleberry Leaves in the Treatment of Diabetes.—Dr. R. Weil (*Hospitals-Tidende*, Nov. 7, 1893) recommends whortleberry leaves in diabetes mellitus as an efficacious

and uninjurious remedy. They should be gathered before fruit-bearing sets in. Dr. Weil learned their use from a peasant. Two handfuls of the leaves are boiled with two quarts of water down to a quart. He now employs the extract in the form of pills, each containing twelve centigrams (2 grs.), which corresponds to twelve grammes (3 dr.) of the leaves. First one pill three times a day is taken after which they may be gradually increased in quantity to five pills three times a day. In the writer's patients he has observed an extraordinary prompt and lasting action. The quantity of sugar can only be determined by polarization or fermentation, as, after using the remedy for some time, the urine contains certain reducing substances.

Thyroid Gland a New Cure for Psoriasis.—An editorial in the *Medical Press and Circular* for Aug. 16, relates the complete and surprising success which Dr. Byron Bramwell has achieved, further substantiated by the experience of Dr. Davis, in the cure of psoriasis by the administration of the new preparation of the thyroid gland. The drug is administered internally, a small daily dose, and no other treatment, either local or systemic, is employed. The improvement commences at once, and proceeds to complete recovery. If sustained by further experience this will prove an additional triumph of the general practitioner, by whom, in fact, most of the advances in therapeutics are made.

Corn-Husk in Chronic Malaria.—Dr. J. W. Pruitt, of Russellville, Ark., calls attention to the value of a distilled extract of the husk of the common Indian corn in the treatment of chronic diseases of malarial origin. The method of preparation is as follows: Take of the corn-husks, after the corn is gathered and well dried, free from stems and mildew, four pounds; water, sixteen gallons. This is placed in a suitable still of twenty gallons capacity, and ten gallons of the distillate are collected. This distilled extract is clear and transparent, resembling in odor and taste boiled green corn. In order to preserve it, one ounce of alcohol and half an ounce of glycerin are added to sufficient of the extract to make one pint. The dose of this is from one to two teaspoonfuls every two or three hours. It is of no particular value in acute malarial conditions, but in the chronic form of intermittent fevers gives excellent results. Dr. Pruitt has not known it to fail in a single case of the chronic form of the disease. Its effects are almost immediately observed. It controls the temperature, quiets irritability of the stomach, regulates the action of the liver and kidneys, and reduces enlarged spleen. It has a mild diuretic effect in many cases, relieving dropsical conditions not dependent on actual kidney lesion.

Carbon Dioxide in Whooping Cough.—A. Bergeon (*Lyon Médical*, June 25, 1893,) calls attention to the fact that since 1887 he has treated whooping-cough successfully with rectal injections of carbon dioxide. He relates the case of his own child, three years of age, in whom the treatment gave the most satisfactory results. The author is supported in his method by the experience of Girord, who has observed the good effects of the gas in the disease under consideration in his own case, as well as in those of his two children, a boy and a girl, seven and three years of age respectively. He confirms in every point the observations of Bergeon. The method of this latter investigator is as follows: Immediately after an access of the malady, he administers, in the form of a rectal injection, about two litres of carbon dioxide, mixed with a few centigrammes only of pyridin. The child can take food after the operation, since this causes no disturbances of the digestive tract. The injections can be repeated after each access of the cough, and even at night, with intervals of four hours. The author has performed the operation in very young children five and six times in the twenty-four hours. He affirms that the worst cases yield to the treatment in a week at most; exceptionally does the disease enter in its second week.

Electricity in Obstetrics.—In the *New York Medical Record*, Vol. XLII., No. 26, Ludlow speaks of the great value of the Faradic current in promoting uterine contraction, facilitating labor and checking hemorrhage. The positive pole was applied to the sacro-lumbar region, and the negative to the abdomen. Sponge electrodes are convenient, and should be so placed that the current does not pass through the head of the child. Many prefer the hand to either a sponge or metal electrode. The cases in which the treatment was of advantage, include retention of the placenta, post-partum hemorrhage and the use of the forceps when the mother's strength failed. The results obtained were so uniformly favorable that the author strongly commends this method of treatment.

Croton Oil Blistering in Dementia.—Dr. J. M. Langsdale, of Kansas City (*Med. Index*), reports a case of dementia of many years' duration cured in a peculiar manner. By a mistake the woman rubbed a lot of croton oil upon her hair for "hair oil," and also tasted of the contents of the bottle, but not liking it threw the balance away. For three days she sat constantly on the water-closet, with a blistered scalp, as well as a sore abdomen. When the diarrhœa ceased her mind improved, and for several years she has been perfectly well. The procedure was much used by earlier alienists with success, but fell into disuse.

Coffee as a Prophylactic in Contagious Diseases.—Coffee is recommended in the *Revista Med. de Sevilla*, No. I., Tomo XXXI., as an efficacious preventative of contagious diseases. A number of observations, especially those of German writers, have confirmed this fact. It is to be taken on an empty stomach. In Germany it has been remarked that persons who were accustomed to take coffee fasting in the morning were not attacked by the cholera, typhoid fever and other similar affections, while the few who did had only a benign form, with a mortality of six per cent.

The Treatment of Hemoptysis.—Dr. Fr. Eklund, of Stockholm (*Therapeutic Gazette*, February, 1893,) severely condemns the common practice of giving cold drinks and small bits of ice to the patient with hemoptysis to swallow. He believes that the irritation of the ends of the pneumogastric nerve in the mucous membrane, by the cold, must result in paroxysms of coughing, as is the experience with many phthisical patients, and that the cold tends to contract the vessels of the stomach and vicinity, leading to higher pressure in the pulmonary area. Instead, he advises lukewarm, mucilaginous drinks. He also advises against the popular practice of giving large amounts of salt dissolved in water, since the fragility of the vessels is increased upon absorption of the sodium chloride and fluid. He suggests that a small ice bag be placed over the bleeding spot, and that quinine be administered as follows:

℞ Sulphate of quinine 3j
Extract of ergot . . . . gr. xxx
M. Make into forty pills, and take one or two pills twice or three times a day.

Arsenic in the Treatment of Cancer.—Lassar stated (Medical Society of Berlin) that, encouraged by results previously obtained, he selected, as further tests of his method, moderately severe cases which were not unsuitable for operation. Until then medical treatment of cancer had never been thought of, except in cases where neoplasm had made too much progress to permit ablation. He was enabled to present to the society three new cases, in which diagnosis of cancer of the face was indisputable, completely cured. The treatment consisted in the administration, three times daily, of five drops of a mixture of equal parts of arseniate of potassium and mint water.

Actinomycosis Cured by Potassium Iodide.—Dr. Meunier communicated to the Paris Academy of Medicine, the history of a case of actinomycosis in man, the seventh on record in France, but the first treated and cured by the iodide of potash. The patient was a railway engineer who had never lived in the country, and the disease must have been of alimentary origin. A cervical phlegmon first appeared, of greater consistency and hardness than are found in the ordinary phelegmons, and to which he proposes to apply the name of cervical actinomycotic pseudo-phlegmon.

The New York Medical Times.

A MONTHLY JOURNAL

OF

MEDICINE, SURGERY, AND COLLATERAL SCIENCES.

EDITORS.

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Business Communications should be addressed, "Publishers, 528 Fifth Ave.," and Checks, etc., made payable to THE NEW YORK MEDICAL TIMES.

Published on the First of each month.

OFFICE: 528 FIFTH AVENUE, NEW YORK.

NEW YORK, JANUARY, 1894.

Changes of standing advertisements and communications in regard to that department, should be addressed to BENJ. LILLARD, Advertising Manager, 72 William St., N. Y.

ANNOUNCEMENT.

THE present issue begins volume XXII. of this journal, which we are pleased to say is under much improved auspices and conditions. As we have frequently stated, our publication is in the interest of the profession entirely, and not under the mercenary influences of any publishing house or trade enterprise whatever. The journal is owned by the editors, is managed in every respect under their direction, and the principles and policy which guide it are purely professional, and in the highest degree liberal and progressive.

The course of the journal in the past is well known, and it will be the aim in the future not only to equal, but to improve upon what we have already done. The editors will endeavor to present their readers each month with a carefully condensed epitome of the best and most advanced medical thought of the world, either with editorial comment or in the shape of gleanings, accomplished by competent and experienced workers.

In the original and clinical departments we have promises from the best men in the profession for articles which will prove interesting and instructive. The subject of the dual action of drugs will receive especial attention in a series of articles which will be made for practical service in every day work.

We cordially invite our colleagues in the profession to lend a hand by sending us original or clinical articles, items of interest, news, etc., etc., and we will promise our utmost to make the journal all that can be desired.

CHRISTMAS GREETING.

DURING the early period of the Christian era, extending down through the centuries usually denominated the Dark Ages, when the centres of Christian thought and the learning of the world were hidden away in monasteries among the mountains, the Fathers of the Church, such as Ambrose and Chrysostom, and the Christian poets, such as Prudentius and Paulinus of Nola, sought to strengthen the new faith by incorporating the festive days of the pagan world, each the centre of some poetic thought gathered from the traditions of the North and the South, with some incident in the life of Christ and His Apostles. Although the actual date of the birth of Christ is in doubt, there is none about the significance of the day observed in the Northern hemisphere, when, in the middle of the long Arctic night, the sun returned at the winter solstice and slowly mounted upward, bringing with it light and heat and life. To the Christian Fathers and to the Christian world the Sun-god symbolized Christ, the new sun of righteousness dawning upon the world and expanding the poetic idea of the Norseman in his feast at Christmas to Frega, the Goddess of love. The Yule-tide to them represented in a different way the descent of love to the world for the delivery of the imprisoned germs of life, and it is no wonder that the Fathers of the Church caught the poetic idea and incorporated it with the birth and mission of Christ, a mission of love and harmony and justice, and peace and goodwill to the whole world. To no class and to no profession does the Christmas sentiment appeal witn greater force than to ours, for there is probably no profession in the world where there is less of harmony and peace and more of discord and wrangling than in that profession which, in its daily work deals with the strongest, the noblest and the tenderest interests of humanity.

Is it too much to ask, then, that we as a profession, pause for a moment at this Yule-tide and apply the sentiment of Christmas, each one to himself and test his own character and life work by this keynote of enduring life vibrating through the Ages, evolving man from the lower plane of the brute creation, to that of the Sons of God? In the war of creeds which has excited so much bitter animosity, which has divided the medical world into sects and cliques and clans and obstructed the progress of intelligence and truth, there has been in times past a stronger desire to adhere to the traditions of the past, to indicate

opinions already formed, than to test their truth by that careful judicial scrutiny through which alone truth can be reached; and with this scrutiny proceeding along strictly scientific lines comes greater harmony of thought and a stronger and more distinctly defined unity of purpose. Difficult problems become more clear as they are subjected to the searching analysis of scientific methods so just and accurate that they meet the approval and satisfy the judgment of all. With that advancing intelligence due to a wider experience and the ever increasing accuracy of scientific invesigation, the antagonism of creeds is rapidly disappearing. At the touch of science walls supposed to be as enduring as time crumble disclosing the shining lines of truth extending on both sides, their action brought into clear light as the rubbish of mere speculative philosophy is cleared away. But science has no remedy for the personal antagonism, the selfishness and jealousy, the petty spite, the wilful misunderstanding and misrepresentations, and the dishonest courses to accomplish personal selfish ends so often seen in the ranks of our profession, to its shame and disgrace. There is a strange mixture in our profession, often in the same individual, hard to understand, of the noble and the mean, of true bravery and contemptible cowardice, of the grandeur of a Godlike nature and the littleness which springs from the lowest and most depraved animal instincts. Brave almost to rashness in his daily work—tender, sympathetic, earnest and untiring in his zeal—fearless alike of death and disease, the littleness of his nature may show itself in personal spite, in senseless jealousy, in malicious misrepresentation and in all the tricks and arts of the corrupt politician to accomplish his purpose, even at the expense of truth, honor and decency. The senseless quarrels of our profession are proverbial; quarrels which extend beyond themselves, and involve the interest of individuals and institutions which have a claim upon them for straightforward and intelligent work.

There is enough of good in all to rise above this bitterness, to be always brave, to be always true to each other, true to right, true to justice and true to the noblest instincts of our being. In this Yule-tide, as we look upon the past with regretful hearts for opportunities unimproved, and to the future with aspirations for a higher life and better work, the beautiful thoughts of Charles Mackay's "Under the Holly Bough," involuntarily comes to the mind:

"Ye who have scorned each other,
Or injured friend or brother,
In this fast fading year;
Ye who by word or deed
Have made a kind heart bleed,
Come gather here!
Let sinned against, and sinning
Forget their strife's beginning,
And join in friendship now;
Be links no longer broken,
Be sweet forgiveness spoken,
Under the holly bough."

THE RECOGNITION OF THE DUAL ACTION OF DRUGS THE BASIS OF MEDICAL UNITY.

THE recognition, acknowledgement and teaching of the dual action of drugs by medical colleges, and by the profession in general, will result unquestionably in the union of all sects or schools in one medical body.

The great majority of medical men assent to the truth of the statement that drugs possess this double action, and the assertion of the fact will do away with all sectarian titles.

It seems to us that the great work to be done by all teachers of materia medica at present, is to show students when to use large doses of drugs, and when small ones may be employed to advantage—in other words, the indications which should control the selection of remedial agents, especially drugs, in respect to the dose to be employed. The indications which should guide us in the selection of agents to be used in medicine or in surgery, is the all important subject.

An appreciation of this matter would not only radically change the ethics of the profession, but would lead to a decrease of the number of practitioners required, and hence better support for the fittest. Let us suppose that a town is large enough to maintain one practitioner well, but as things are organized to-day, at least two or three are demanded, because no physician can be found who is competent or is willing to cover the whole field in the practice of his profession. The consequence is, that several divide a field which should be occupied by one, and none obtain a decent livelihood, or such position in the professional and social world, as their attainments warrant them in expecting.

The sectarian schools have been laboring years for recognition in the army and navy, and they are no nearer the accomplishment of their purpose, than when they commenced the effort. It seems unjust to the student of medicine, who is not supposed to know, that a preceptor should place him

n der a ban, at the very outset of his professional career. Who knows better than the preceptor should, just what will result in this regard? Is it right, therefore, for us, when we accept a student as preceptor, to handicap him, as is done when he is advised to become sectarian?

The sectarian schools would soon change their course, if preceptors would realize the situation and refuse to uphold them in their one-sided attempt at education. The sectarian schools should become *un*sectarian, and make their titles to accord with their teaching. They should become broad, progressive and up to the times. What would we think of the anatomist, the physiologist or the pathologist who would attempt to elucidate his branch from text-books one hundred, fifty, or even twenty years old? and yet, this is being done by some sectarian colleges even to-day. Hero worship has no place in science, and "flapdoodle," as one contemporary has facetiously termed the pretentious clap-trap which abounds in some quarters, should be relegated to the quacks, where it belongs.

What is the duty of the unsectarian schools? Most *emphatically* it is to teach the dual action of drugs, and take away the very corner-stone of sectarian medicine, thereby leaving no possible excuse for their existence.

The unsectarian colleges owe it to their students to show them when small doses are indicated in disease; the symptoms which should govern the selection, frequency of repetition, and mode of administration, the same as they do for larger ones. It would be absurd to attempt to narcotise a patient with a fraction of a drop of opium, and it would be equally useless to treat constipation of the bowels with doses sufficient to manifest the physiological limit.

There are many drugs employed in medicine which may be used to advantage in opposite pathological conditions, and we shall attempt during the coming year, in a series of articles in these columns, to show what the indications are which can be relied upon to make the differentiation possible.

At present a large part of the effort at teaching materia medica is thrown away, because it has no practical application in the treatment of disease.

Graduates in medicine are turned out with little idea of what to do with drugs in healing the sick, and many even doubt whether they are of any use whatever, because teacher and student are all at sea respecting their adaptation. It is time that we should have more practical text-books from which the student may individualize the action of drugs according to the effects produced by maximum and by minimum doses, for this is the only basis upon which a decision can be reached in regard to the selection. The primary and secondary symptoms furnish no reliable data in this direction, as claimed by some.

The physician of the future will be the man who recognizes the dual action of drugs, and governs his practice accordingly. Preceptors and students should realize the situation and help to hasten a most desirable result. This subject has other important bearings which should be taken into account. First of all it will make men more honest; it will unify the profession; it will be of the greatest benefit to the public and to humanity.

The only opposition that will be brought against our argument is based upon mercenary conditions entirely—bread and butter—and will come from those who depend upon college connections for consultations and support, and should be taken for what it is worth by those who will reach the truth of the matter.

Our opponents know as well as we, the truth of what we have stated, and that it is only a question of time "when it will come to pass," and why not take hold and help bring it about now, rather than hold back shouting that now is *not* "the accepted time."

The dominant body of medical men have a great responsibility at this juncture. It depends largely upon their conduct as to when medical unity will be accomplished.

We beg of them to look at this matter in its true light, and with malice toward none, but with charity to all, this great desideratum may be reached speedily, if the leading societies would adopt a resolution asserting that the *dual action of drugs constitutes the basis of medical practice.*

INSECT INEBRIETY VS. TEETOTALISM.

MR. LAWSON TAIT has caused a decided shock to the total abstainers of Great Britain by the following declaration concerning alcohol:

"I have been fully persuaded, after thirty years of life, as hard in work and as full of responsibility as well could be, that the moderate use of alcohol is a necessity in our modern life.

"The argument against all and every use of alcohol which we used to hear much of years ago was based on the statement that it was not a product of nature and not used in any natural condition. The argument itself is a very unsafe one,

even if the premises were correct, but they are not, and the plague of wasps has proved it.

"I have been watching wasps with great interest; and have noticed the avidity with which they attack certain fruit when fully ripe, rotting, in fact, and I have also noticed some of the peculiar results of their doing so. The sugar in some fruits which are most attacked by wasps has a tendency to pass into a kind or kinds of alcohol in the ordinary process of rotting, a fact which is easily ascertained by the use of a still not large enough to attract the attention of the excise authorities. On such fruits, particularly grapes and certain plums, you will see wasps pushing and fighting in numbers much larger than can be accommodated, and you will see them get very drunk, crawl away in a semi-somnolent condition and repose in the grass for some time, till they get over the "bout," and then they will go at it again. It is while they are thus affected that they do their worst in stinging, both in the virulent nature of the stroke and the utterly unprovoked assaults of which they are guilty.

"I was stung last year by a drunken wasp, and suffered severely from symptoms of nerve-poison for several days. In such drunken peculiarities they resemble their human contemporaries.

"There are certain plants (orchids) whose cross-fertilization is secured by a regular system of public-houses in which bees are made drunk, for without inebriation the bees would not go through the antics by which alone the orchids can be fertilized."

These are curious and interesting observations, but it is difficult to understand their bearing upon the question as to the use of alcohol by human beings. Byron says, "Man, being reasonable, must get drunk." Mr. Tait, on the contrary, seems to think he has a right to "indulge" because *un*reasonable animals occasionally do so. Drunkenness among insects may accomplish sometimes a useful purpose in creation, but will Mr. Tait undertake to say that it does no harm to the creatures themselves? The very act of reproduction is fatal to many species.

PREMATURE INTERMENTS.

DR. BOUCHARD has recently collected in a work which has been crowned by the Institute of France and by the Academy of Medicine, stories relating to premature interments, which from time to time have frightened almost every one, and shows conclusively that they are for the most part false in every particular. The beats of the heart, however faint, are still perceptible to the trained ear, and a cessation for twenty minutes shows an absolute certainty of death. There is another sign absolutely infallible, which is the progressive chilling of the body which is put in equilibrium with the surrounding temperature. "When this temperature descends below 68° F., found in the armpit it is a certain sign of death. The proof of this temperature is then a simple and easily applied means of recognizing in a certain and indubitable manner the signs of death, and it is evident that this means can be put in practice by any one."

OCULAR DEFECTS IN FUNCTIONAL NERVOUS DISORDERS.

A VERY interesting and instructive paper by Drs. Walton and Cheney, on "Ocular Defects in Functional Nervous Disorders," in the *Boston Medical and Surgical Journal* of August 18, 1892, deserves careful attention. Very commonly we find patients completely upset nervously through the torment of ill-fitting glasses, or of glasses of insufficient power. Every medical man who wears glasses can appreciate this, and more especially those whose sight is gradually failing, and who require from time to time glasses with increased power. Either in the study with the midnight oil, or in the operating room, a pair of glasses too weak to be of real assistance, and too rickety to fit properly upon the nose, is an annoyance quite sufficient to make even a philosopher lose his temper and become irritable and nervous. Thus we can readily understand that a large class of nervous patients need the care of the oculist, and prompt attention from such a specialist would save many patients from fruitless dosings and injurious operations. Very many cases which find their way to the tables of our amateur gynæcologists would derive early relief from all these symptoms of nervousness if properly examined by an oculist. Ophthalmology is very much more important at the present time than ever before. Many patients are sent to gynæcologists by oculists, when a little patience in waiting for the results of good glasses would have done away with that necessity.

Many patients, on the other hand, are sent by gynæcologists to oculists, when a good tonic treatment, with or without local attention, would improve the general health to such an extent that the eyesight would respond as well in the general improvement.

Anæmia has much to do with impaired vision.

Patients are frequently advised to go to oculists, when excessive sexual intercourse is the cause of the impairment of vision. Hygiene can also prevent the use of glasses. Good ventilation, pure air, good wholesome light and properly shaded lamps are also to be considered when we find patients complaining of failing eyesight.

THE BRITISH MEDICAL JOURNAL.

THE modern Sancho Panza, in the person of Mr. Ernest Hart, editor of the *British Medical Journal*, has been careening across the continent, from city to city and from one association to another, with lance in rest, ready to strike terrible blows at any mare's nest or wind mill. The editor of the *Post Graduate* draws so graphic and yet so humorous a picture of the exploits of this modern Sancho Panza that we cannot resist the temptation to transfer it to our columns. "Mr. Hart first appeared at the American Medical Association, where he kindly explained the faults in the workings of that body of which he is a great champion, while he extolled its position on the so-called ethical or code question, which has agitated us in the State of New York during the past few years. He was again heard from in Chicago, at one of the numerous Congresses of the great exposition. There he expressed some very strong views, in an energetic way, as to hypnotism. As usual, he was nothing if not positive.

At the Pan-American Congress the outbreak occurred, to which Dr. Hammond took exception in a long and interesting letter. Mr. Hart, armed with a dictionary, with the definition of the term "Homœopathy," proceeded to again ventilate his views on the subject of consultations, and did not hesitate to scourge the Homœopaths severely, calling them "Quacks," and substantiating his position by the dictionary. He also gave his views in general about the portraits of doctors in lay journals, and other serious matters which had attracted his attention while on his tour of observation in this country.

Dr. Hammond replied in his usual vigorous manner in behalf of the American medical profession, and assures him that there is no way of stopping the papers from printing the pictures of Doctors, Presidents of the Fat Men's Associations, and so forth, and accuses Mr. Hart himself of conniving in questionable advertising in his journal. Thus he shows, by Mr. Hart's own admissions, that he was scientific counsel for the Apollinaris Company, which has been very extensively advertised and lauded in the *British Medical Journal*. Then Dr. Hammond accuses Mr. Hart of having put all his titles on a hotel register, but as Mr. Hart does not seem to know the difference between a hotel register and the register of the Medical Congress, perhaps Dr. Hammond was too severe on him for this.

Then there was an interesting tilt as to the relative status of the medical profession in England and the United States. Here we think Dr. Hammond was entirely correct and Mr. Hart correspondingly wrong. It is well known, as Dr. Hammond says, that physicians in Great Britain and Ireland do not stand as high in the social scale as they do in Germany, France and the United States. Indeed, a doctor stands below an attorney in England, just on the dividing line between a gentleman and a cad, if you please.

The facts that Dr. Hammond stated as to whether the doctors should pull the servants' or the visitors' door-bell are also correct, as every visitor to England knows. In fifty years or so, the medical profession in England may get over the blight that is upon their social position in consequence of the caste feeling in that tight little island, but just now, the least Mr. Hart, or any other physician in England says about his social position, the better.

The American Medical Association has never done anything to favor reform in medical education. It has worried its dear self almost into a rage, about what kind of people we should consult with, but it is getting over this and now begins to think of doing what the State of New York has been doing for ten years, allowing its members to consult with anybody who has a right to practice. As for the *Post Graduate*, it would go a step further and consult (see the dictionary), "Hold a conference; talk over a case with anybody who had it, if he were a red Indian with his war-paint on, and would take advice. Consultation, be it never forgotten, is for the sake of the patient and not for saving the reputation of the doctor. As to hard names for Homœopaths, we have got over all that in the State of New York at least, and would advise Mr. Hart, if an American may presume to advise an editor of the *British Medical Journal*, to calm his troubled spirit about them. We are getting on very well by making them get the same kind of education as the 'regulars' do. When the qualifications of the medical profession are the same, we do not believe it will make any differance about what they believe about big pills, little pills, cold water or hot water. Homœopathy,

Allopathy, Hydropathy and all other sectarian names which have so entirely choked our profession and hampered its influence will be abolished. Even in countries where they have kings and emperors and ecclesiastical councils with power to burn at the stake, there is no orthodoxy in medicines. We all believe about what we please about what medicines will do, and what they will not do, about what is antiseptic and what is not. Heresy hunting is about given over in medical circles, in this country at least."

DR. A. T. SANDAL, Municipal Commissioner, Calcutta, confirms, from personal investigation the wonderful success with which an empirical practitioner was combatting cholera with an agent subcutaneously injected, of which the poison of the cobra formed the sole basis. Case after case given up by the faculty was successfully treated. The peculiar properties of the remedy remain a secret.

THE December issue of the *North American Journal of Homœopathy*, with its usual regard for truth, informs its readers that Dr. T. F. Allen was elected Trustee of the State Homœopathic Hospital for the Insane, at Middletown, at the October meeting of the Board of Trustees. It is hardly necessary to say to anyone familiar with our State institutions that the trustees of State hospitals never elect, the appointment of members of the Board of Trustees resting solely with the Governor. It is true that the Governor is generally guided in his action by the expressed wish of the trustees, especially in re-appointments where terms of office have expired; but there are no legal obligations on the part of the Governor to consult any other than his own will. It may be of interest to the profession to know a little of the nature of the influence brought to bear upon the Governor of the Empire State in his recent appointments to office, made vacant in one of the leading and most successful State Hospitals by expirations of terms of office and resignation. There was no meeting of the trustees of the hospital at Middletown, in October. Dr. Allen's name was never recommended or mentioned at any meeting for appointment on the Board of Trustees, and the gentleman who resigned accompanied his resignation with the request that a former member be appointed. Dr. Guernsey's term of office expired in April, together with two other trustees. The two other members were promptly re-appointed; but notwithstanding Dr. Guernsey's name was urged for re-appointment by the entire Board, most of whom appeared before the Governor in person, a decided and emphatic refusal was given on the ground that he had been informed by New York friends that Dr. Guernsey was not only inimical but opposed to the school of medicine of which this hospital was a representative; that he had decided the matter on this ground, and that it was now too late to make any change. This information was simply a repetition of the malicious and cowardly lie uttered by the Governor's family physician—Dr. T. F. Allen—before the American Institute of Homœopathy, when Dr. Guernsey was absent, and repeated from time to time in working up this conspiracy against Dr. Guernsey by the faction of which he was so influential a leader, and which ended in a failure so ignominious and shameful as to make them the laughing stock of most of the daily press of this city. The appointment of the two new trustees for the State Hospital at Middletown was simply a private deal of the Governor and his family physician, backed perhaps by a few of the latter's satelites, who sought in this way to revenge themselves and their leader for the failure of a conspiracy based upon personal hate, misrepresentation and falsehood.

IT seems like very curious courtesy, to say nothing of the inhumanity to a dying man, for one hospital to refuse the use of its ambulance to another, especially when both of them profess to be founded upon Christian principles, at least their names would indicate that such is the assumption. But what can we expect of inexperienced young men who are in charge, and think they own these institutions? We certainly could not hope for the exercise of any discretion! It is a wonder that St. Luke's Hospital, with all its money, has no ambulance!

THE death of Professor John Tyndall, from an overdose of chloral administered by mistake by his wife, startled the scientific world in which he had long been an active and influential member. Much as Professor Tyndall accomplished for science, his reputation and his influence were marred during the last few years of his life by a spirit of dogmatic assertion on questions concerning which science has neither the right nor the power to pronounce; his assertion that the limits of existence was the area of material and sensible thought having been proved over and over again to be an illogical assumption. When, in the Bel-

fast address before the British Association in 1874, he declared he could discern in matter the potentiality of spontaneous life, he resorted to the same line of unscientific assertion about a question which could not be solved by scientific demonstrations he had hastily criticised in others. The field of scientific research is ever broadening, but as one vail after another is lifted, there are disclosed facts so new, so startling, that even their possibility never dawned upon the most speculative mind. The wise scientist hesitates about expressing positive opinions in speculative philosophy lest the assertions made to-day may be disproved by new facts to-morrow. As a scientific investigator of material facts, Professor Tyndall had no superior, but when he carried the positive assertions of the scientist into the field of speculation, he stirred up an antagonism among the thoughtful which detracted from his influence in the minds of many in that vast domain of science where he was at home.

FRENCH PUNISHMENT FOR SANITARY DELINQUENCY.—In France drastic measures are imposed on civil officials that are remiss in attending to the sanitation of their communities. The *Medical Week* states that the mayor of a provincial town was recently suspended from his functions because no sanitary measure had been adopted at the outbreak of an epidemic to prevent the propagation of the disease, which was allowed to spread among the population for more than ten days before an attempt was made by the municipal authorities to comply with the advice of the medical man in charge and with the instructions of the Government, by taking the necessary steps to stay the epidemic's progress, and also because of the delay in the adoption of the precautionary measures recommended by the physicians sent by the Government.

DISTRIBUTION OF THE BACILLI OF DIPHTHERIA IN THE BODY.—The opinion has been generally entertained heretofore that the bacilli of diphtheria were localized in the false membrane characteristic of the disease. Frosch (*Zeit. F. Hygiene*) gives the results of his investigation of fifteen fatal cases of diphtheria. In five of these the specific bacteria were not found in the internal organs; in the other ten the diphtheria bacilli were isolated from the blood and various organs. The bacteriological examinations were made as soon as possible after the death of the patient. The ordinary method of making agar plates was employed. In some of the cases the bacilli were unusually distributed through the body, as indicated by their isolation from the blood, spleen, liver, kidneys, cervical and bronchial lymphatic glands, lung (when hepatized), pericardial and pleuritic effusion, and the brain. In a few cases they appeared in the cultures from spleen or kidneys only. Babes, Kolisko, Paltauf, and Spronck are the only observers who have made similar observations in the past. The results obtained by Frosch bring out with clearness a very important fact.

A STRIKE AMONG PATIENTS.—The Edinburgh correspondent of the *Medical Press* reports a new variety of strike, which occurred in that city. It appears that the patients in one of the wards of a hospital, tired of being examined night after night by several students, absolutely refused to allow themselves to be further examined. The editor says: "It must be admitted that their contention was not an unreasonable one; for, although submission to the exigencies of hospital practice is the only way in which patients can materially repay benefits received, to have twenty students, more or less, sounding them a night, is apt to lead to worse things than loss of temper. It is not given to every student, or every practitioner for that matter, to know or understand that a stethoscope can be as efficiently used when used gently as when pressed into the ribs. Hospital patients do not object, as a rule, without reason, and this is a matter which every teacher of clinical medicine should inculcate, and not only so, but see that his teaching is followed. Before now we have seen blisters caused by the frequent and rough application of a stethoscope to one spot in a hospital patient."

A NEW SOLVENT FOR URIC ACID.—Dr. Frederick Peterson (*New York Medical Journal*) reports from the laboratory of Thomas A. Edison, experiments with neurine and tetra-ethyl-ammonium, as to their solvent power over uric acid, and the safety of the latter given internally. Both were found to be very efficient solvents of uric acid. Tetra-ethyl-ammonium occurs in deliquescent hair-like needles, absorbs CO_2 from the air, and is strongly alkaline, saponifying fats. It is as bitter as quinine. Concentrated it burns the tongue, and has a caustic action upon the epidermis. It must not be confused with tetra-*methyl*-ammonium, which is poisonous, giving rise to symptoms similar to those of curare.

PARALYSIS PRODUCED BY AN ESMARCH BANDAGE.—Dr. James Bell reported at a recent meeting of the Montreal Medico-Chirurgical Society, a case in which paralysis of the arm followed the application of an esmarch bandage for a half hour. Recovery under treatment was complete as to motion, but full power had not returned when the report was made. "This case," writes the doctor, "is very instructive and very important, in view of the frequency of the application of the esmarch. It is interesting on account of its rarity." It was the first time he had met with the accident, and considering the number of operations he had seen in the last twenty years, and the recklessness with which the esmarch had been applied to all kinds of patients, it seemed to him that this must indeed be a rare complication. It could hardly have occurred had the esmarch been applied in any other part of the body. But it is a lesson well worth bearing in mind.

THE PHYSICIAN THE BEST CONFESSOR. In the little work entitled "Pensees," the Queen of Roumania writes, "It is better to have a physician for a confessor than a priest. You tell the priest you detest mankind. He answers you are not a Christian. The physician gives you a dose of rhubarb and you love your fellow being. You tell the priest you are tired of living. He answers, suicide is a crime. The physician gives you a stimulant, and you immediately find life supportable.

RESTORATION OF HEARING BY ACOUSTIC EXERCISES.—By analogy with the good results obtained in other forms of loss of function from disuse, it seems reasonable to hope that in some cases of deaf-mutism it may be possible to restore some degree of hearing, as well as of speech, by means of acoustic exercises. The idea is not a new one, and was long ago acted on. Upon this line of thought Urbanschitsch (*Wien. Klin. Wochenschrift*) has made observations upon a number of deaf mutes, who by methodic exercise, not only gained the faculty of hearing vowel-sounds, but also acquired the ability to hear and to repeat whole sentences. Some of the cases, upon first examination, appeared totally deaf, hearing neither through the air nor through the bones of the skull. The restoration of hearing to an apparently totally deaf person obviously implies that there cannot have been actual deafness, but only an inability to properly interpret acoustic impressions. A development of the auditory sense was equally a result of the exercises, sounds that were previously not at all heard being readily recognized and differentiated. The exercises consisted in indicating by sign or symbol the sound to be made or the letter to be spoken. As at times they proved quite fatiguing, they were at first given for half an hour, preferably without the use of a speaking trumpet.

HIS FIRST PATIENT.—Howard's father is a physician, and one day when the doctor was out Howard and a little playmate were "playing doctor" in the real doctor's office. Presently Howard threw open a closet door and revealed an articulated skeleton to the terrified gaze of his playmate, but Howard himself was perfectly calm. "Pooh, Walter!" he said to his playmate, "what are you afraid of? It's nothing but an old skellington!" "Wh-wh-where did it come from?" asked Walter, with chattering teeth. "Oh, I don't know. Papa has had it a long time. I guess likely it was his first patient."

RECOMMENDATIONS TO THE HEALTH BOARD MADE BY DR. BIGGS.—Dr. Hermann G. Biggs, the Chief Inspector of Pathology, Bacteriology and Disinfection in the Health Department, has sent to the Health Board a long statement regarding the contagiousness of tuberculosis, accompanied by a number of recommendations. His explanations regarding the nature of the disease were thus summarized;

"First, tuberculosis is a contagious disease and is distinctly preventable.

"Second, it is acquired by the direct transmission of the tubercule bacilli from the sick to the well, usually by means of the dried and pulverized sputum floating as dust in the air.

"Third, it can be largely prevented by simple and easily applied measures of cleanliness and disinfection."

His recommendations are appended in part:

"First, that there be systematically disseminated among the people by means of circulars, publications, etc., the knowledge that every tubercular person may be a source of actual danger to his associates, and his own chances of recovery diminished, if the discharges from the lungs are not immediately destroyed or rendered harmless.

"Second, that all public institutions, such as asylums, homes, hospitals, dispensaries, etc., be required to transmit to the Board of Health the names and addresses of all persons suffering from pulmonary tuberculosis.

"Third, that special inspectors be assigned to duty for the investigation of this disease.

"Fourth, that the board urge upon hospital authorities the importance of separation, so far as possible, in the hospitals of this city, of persons suffering from pulmonary tuberculosis from those affected with other disease.

"Fifth, that the Department of Charities and Correction of this city be requested to set apart one of the hospitals under its charge, to be known as 'The Consumptive Hospital,' to be used for the exclusive treatment of this disease.

"Sixth, that the board undertake the bacteriological examination of the sputum for diagnosis in every case of pulmonary disease of doubtful character in hospital or private dwellings or tenement houses where the physician in attendance desires that this should be done.

"Seventh, that all physicians practising their profession in the city be requested to notify this board of all cases of pulmonary tuberculosis coming under their professional care."

BIBLIOGRAPHICAL.

The Physician's Visiting List for 1894, published by P. Blakeston, Son & Co., has been issued yearly for forty-three years and has commended itself to its ever increasing list of patrons. It was received too late for December notice.

ESSENTIALS OF HOMŒOPATHIC MATERIA MEDICA, being a quiz compend upon the principles of Homœopathy, Homœopathic pharmacy and Homœopathic materia medica. By W. A. Dewey, M. D. Philadelphia: Boericke & Tafel, publishers.

The analysis of drugs, under the head of question and answer, their general action, as well as the indications for their use are given clearly and concisely. The work is a valuable one for the student, and not without interest to the practitioner.

A LABORATORY GUIDE IN URINALYSIS AND TOXICOLOGY. By R. A. Witthaus, A. M., M. D., Professor of Chemistry and Physics in the Medical Department, University of the City of New-York; Professor of Chemistry and Toxicology in the Medical Department, University of Vermont; Member of the American Chemical Society and of the Chemical Societies of Paris and Berlin, etc., etc. Third edition. Oblong 12mo., interleaved, one colored plate. 102 pages, muslin, price, $1.00. New-York: William Wood & Co., 1893.

An excellent little book for the laboratory.

THE ESSENTIALS OF CHEMICAL PHYSIOLOGY. For the use of students. By W. D. Halliburton, M.D., F.R.S. Fellow of the Royal College of Physicians; Professor of Physiology in King's College, London; Lecturer on Physiology, London School of Medicine for Women; Author of "Text-Book of Chemical Physiology and Pathology." London: Longmans, Green & Co, 1893, and New York: 15 E. 16th St.; pp. 166, 8vo.

The object of this little book is to furnish the student with concise directions for examining, practically, the important subject of physiological chemistry. The book will be found an excellent companion for work.

THE STUDENT'S QUIZ SERIES. SURGERY. A manual for practitioners. Edited by Bern B. Gallaudet, M.D. Philadelphia: Lea Brothers & Co.

The book has been prepared, not so much as a compend or digest of surgery, but in a manner to explain and elucidate more fully than is usual in text books the subjects treated. In addition to inflammations, tumors and cysts, brain surgery and abdominal surgery have been discussed in the light of fundamental principle, all *operative technique* having been omitted, except in cases of abdominal surgery. The work will prove a very excellent addition to the Quiz Series, now so popular, and which terminates with this volume.

In January, 1894, Dr. Joseph M. Mathews, Professor of Surgery and Clinical Lecturer on Diseases of the Rectum in the Kentucky School of Medicine, at Louisville, Ky., will edit and have issued a quarterly journal entitled *Mathews' Medical Quarterly*, devoted to diseases of the rectum and gastro-intestinal diseases, rectal and gastro-intestinal surgery.

Dr. Mathews has given these subjects special attention for years, and he feels that it is his duty and pleasure to have an organ through which these subjects can be freely discussed and written upon.

The journal will be of beautiful design, and will contain from one hundred and fifty to two hundred pages of reading matter.

E. B. Treat, publisher, has in press the following books, which will be issued early in 1894:

A Manual of Clinical Diagnosis, by Albert Abrams, M.D., Assistant Professor Clinical Medicine and Demonstrator of Pathology, Cooper Medical College, San Francisco; new and enlarged edition, $2.75.

Diseases of the Hair and Scalp, by Gen. T. Jackson, M.D., Chief of Dermatological Clinic, College of Physicians and Surgeons, New York; illustrated, second edition, enlarged, $1.75.

How to Use the Forceps: A Manual of the Obstetric Art and Mechanism of Labor, by Prof. H. G. Landis, M.D., Columbus, O.; enlarged edition; by C. H. Bushong, M.D., New York, $1.75.

Also just issued: Practical Hygiene, based on modern theories and scientific progress, by C. G. Currier, M.D., New York, Specialist and Expert in Sanitary Science, $2.75.

La Semaine Médical—The Medical Week—La Semana Médica. The publishers announce that in compliance with the request of a large number of medical men from English speaking countries, who for several years, have repeatedly expressed to us a desire to be enabled to read the *Semaine Médical* in that language, we have thought it our duty to issue, since 1892, an English edition of our journal, which has met with increasing success.

It is published under the name of the *Medical Week* and is not a mere translation of the French journal, but a distinctly English periodical, a large part of which is devoted to original contributions, and to reports of the transactions of medical societies in English speaking countries.

The subscription is $2.00 per annum, post free, payable in advance.

A MANUAL OF DISEASES OF THE NERVOUS SYSTEM. By W. R. Gowers, F. R. C. P., F. R. S. Second edition, revised and enlarged. Vol. II., Diseases of the Brain and Cranial Nerves, General and Functional Diseases of the Nervous System. With one hundred and eighty-two illustrations. Philadelphia: D. Blakeston Son & Co., 1893.

The second volume of this edition has been delayed on account of the time required for that thorough revision rendered necessary by the immense advances the study of diseases of the brain and nervous system is making from year to year. Numerous additions have been made in this edition, increasing the size of the volume by over a hundred pages, and this means a great deal when we take into consideration the clear and concise manner in which every subject is discussed. Valuable as are many of the recent works on diseases of the nervous system, there is nothing which quite takes the place of the one under notice. Like Watson, it is and will remain a classic in medical literature.

E. B. Treat, Publisher, New York, has in press for early publication the 1894 International Medical Annual, being the twelfth annual issue of this eminently useful work. Since the first issue of this one volume reference work, each year has witnessed marked improvements; and the prospectus of the forthcoming volume gives promise that it will surpass any of its predecessors. It will be the conjoint authorship of forty-one distinguished specialists, selected from the most eminent physicians and surgeons of America, England and the Continent. It will contain complete reports of the progress of medical science in all parts of the world, together with a large number of original articles and reviews on subjects with which the authors' names are especially associated. In short, the design of the book is, while not neglecting the specialist, to bring the general practitioner into direct communication with those who are advancing the science of medicine, so he may be furnished with all that is worthy of preservation, as reliable aids in his daily work. Illustrations in black and colors will be consistently used wherever helpful in elucidating the text. Altogether it makes a most useful, if not absolutely indispensable, investment for the medical practitioner. While the book will be so much improved over previous issues, the price will remain the same as heretofore, $2.75.

DIE KRANKHEITEN DES OHRES IN IHRERR BEZIEHUNG ZU DEN ALLGEMEINE ERKRANKUNGEN für Aerzte und Studierende von Dr. Rudolph Haug, Docent für Ohrenheilkunde an der Universitaet, Leiter der Abtheilung für Ohrenkranke an der kgl. chirug. Universitaetspoliklmik zu Muenchen. With three cuts, and 102 colored plates of the drumhead. 296 pp. Urban & Schwarzenburg, publishers. Vienna: 1893.

An interesting work by an able man, and one which fills a long felt want in the medical literature, Berger, of Paris, has recently written a work on the relation of eye diseases to those of the general system, and now the relation of affections of the ear is elaborated. It is doubtful if a similar work has been issued in any other language. Much has been written on this subject, but beyond the section in Schwartze's work, by Moos, the observations are scattered and beyond the reach of the busy practitioner. This point is by no means neglected in the text-books, but it does not receive the consideration that such a special work would give. Hence this work fills an actual gap in medical literature and the task has been done well. It is divided into three sections, with an appendix. The first treats of the relation of acute infectious diseases; as influenza, measles, scarlet fever, diphtheria, typhoid fever, meningitis, coryza, tonsillitis, etc. The second is devoted to the chronic infectious diseases and their aural complications, as tuberculosis, syphilis, malaria, etc., and the third deals with those chronic affections which are not known for a certainty to be infectious and their relation to otic involvement, such as general disturbances of nutrition and dyscrasiæ of the blood, circulatory disturbances, affections of the genito-urinary apparatus, nervous cutaneous and cerebral diseases, etc., etc. The aural symptoms of poisoning by various drugs receives consideration in a separate chapter. In the appendix the relations of primary diseases of the ear to the general system is discussed. It is a work which will be of service to both general practitioner and specialist, for the latter will find all the principal publications relating to this branch therein conscientiously reviewed and criticised. At the end there are six pages of colored plates, presenting 102 different views of the membrana tympani, in various morbid states,

F. H. P.

CORRESPONDENCE.

CANCER TREATMENT.

NEW YORK, Dec. 6, 1893.

Messrs. Editors:—In reading the article in the TIMES this morning on cancer, etc., the different modes of treatment, it reminded me of a case or a number of cases which have disappeared entirely and never returned under caustic treatment. A Mrs. C., then living in Corfu, N. Y., came to our office in Buffalo about twenty years ago with cancer of the right breast. The odor from the extensive ulceration was unbearable, until we applied a plaster made of caustic potash and wheat flour to as large a surface as we wished to destroy, first covering the surrounding surface with adhesive plaster for protection. This caused the greatest suffering for only one hour. It was then removed and a bread and milk poultice applied for twenty-four hours. The skin was black, and by a bistoury divided in lines one half inch apart, and a plaster made of equal parts of hydrastis can., pul. chloride of zinc and wheat flour was applied for twenty-four hours. This was not in the least painful, and was removed and the grooves deepened half an inch, and the same preparation again applied, and again in twenty-four hours received the same treatment. After daily deepening the grooves with a sharp bistoury, for ten days without drawing a drop of blood, or causing any pain, a line of demarkation formed entirely around the sore (about six inches in diameter) and continued for twenty-one days to separate from the healthy tissue and fell out upon the plaster, hanging by a stem or root, about the size of a clay pipe stem; I removed the mass, weighing three and one-half pounds, and as far as I know it is now in a hospital museum in Chicago. It took as long to get the root as it did the mass, but was accomplished without pain. The old lady (sixty-two years) said it felt as if a mouse was crawling over her dress while I was cleaning the old plaster off for the new, and she walked five blocks to her boarding house all through the six weeks of treatment, and did not lose a meal or a nights' rest during the time. A history of this case, which was the largest growth I ever removed of *this sort*, and several smaller ones was published in the *British Medical Journal*, but I cannot tell if among our books a copy can be found. Mrs. C. weighed 210 pounds, and went home a happy woman and lived for years. The caustic potash was used to destroy the skin, as the cancer paste has no effect, except upon a denuded surface. I have written entirely from memory, as my journals are not at hand.

MRS. E. G. COOK.

IRREPRESSIBLE DENTISTS.

Can nothing be done to restrain the dentists in their persistent desire to remove teeth and insert false sets in defiance of common sense, justice and health? I have had several young ladies under my care who have needlessly suffered the extraction of their upper teeth and the substitution of the abominable "false set."

In the first place the etherization and the operation of removing the decayed teeth, stumps, etc., makes a serious impress on the constitution. Anæmia, cephalalgia, leucorrhœa and neurasthenia have frequently come under my care from such a cause. Men as well as women suffer severely from the dentist's operations, and will remain for days and even for weeks under treatment to "get over the effects" of the severe injury to the general health.

But after the "false set" of teeth has been placed in position then the troubles begin. Comparatively few patients remove the plate at night upon going to bed, or if they do so neglect to give it the thorough disinfection it requires. The action of the teeth plate upon the secretions of the mouth induces such unwholesome fluids to collect that considerable serious injury is rapidly induced. The mucous membrane of the nares is at once injured, the eyes, nose, ear and sense of taste are speedily injured, the stomach and bowels soon receive injurious influences and the general health is decidedly impaired. The nervous system is rapidly influenced, and the youth and health of the girl or boy is permanently attacked. All these evils have come through ignorant dentistry. The newspapers are filled with advertisements making inducements for people to have false teeth put in at very low rates. Our country people are peculiarly succeptible to these offers, and are the victims of all kinds of charlatans. It does seem as if the subject were of sufficient importance medically and legally to attract more general attention.

W. THORNTON PARKER, M. D.

SENSUALISM IN ART.

[The following is a copy of a letter addressed to the Director of the Art Museum, Boston, from a physician, concerning sensualism in art.—ED.]

Dear Sir:—Having occasion to pass through one of the galleries of statuary in your museum of art, during the past week, I noticed several young ladies engaged in drawing. One young lady was seated before a colossal antique male figure. She was actually engaged in this public place with her copy exposed to the view of all passing before her work, in copying the colossal sexual organs of this antique male figure! In a very short time others noticed with decided disapproval this, to my mind, very immodest procedure. Now, as a physician, I am positive that the study of modern art is the most refined sensualism of modern times. It is easy enough to reply "evil to

him who evil thinks," "to the pure all things are pure." "Art is divine," etc., etc. *ad nauseam*, but modern art, when it publicly exposes the sexual organs of male and female figures, is doing positive injury and deserves rebuke and active interference. Our art galleries, as well as those of Europe, are filled with sensually suggestive pictures and statuary, which profoundly excite and injure countless people of both sexes and all ages. There may be some who are calloused beyond sensual impression, but the average man or woman is seriously disturbed and very frequently dangerously so by these exhibitions, which almost anywhere else would be considered obscene. I write to ask if you approve of such open disregard of decency? I believe that the male generative organs should not be displayed—even the fig leaf on many statues is only too suggestive of what it is supposed to conceal. It is no worse, however, to paint the pudendal hair upon the paintings of naked women than for these young girls to fashion the male generative organs in plaster or clay, or to draw pictures of them with pencil or crayon. How any virtuous girl can sit openly in a public place and draw the details of penis, prepuce, testicles and scrotum is beyond my comprehension. As a physician I know only too well the disastrous results which have their origin in such miscalled art. It will not do for artists to sneer and call those who protest "ignorant," "bigoted," "vulgar." I have visited most of the celebrated galleries of art in Europe, and I have met many honorable and cultivated artists, but I know whereof I speak, when I affirm that artists are very commonly imaginative, emotional, sensual. The time has come to demand a halt. Sensual art is running wild, and ere long sensual scenes of much more repulsive character may be depicted with the excuse that as all sexual function is natural, it is worthy of reproduction in clay or on canvas!

I hope that you will favor me with your opinion upon this question, which seems to me to possess professional importance of a very urgent character. Very truly yours,

——, M. D.

SOCIETY REPORTS.

FRENCH MEDICAL SOCIETIES.

Biological Society. M. Chauveau, President.—Tetanus.—M. Nicolas gave some very important views upon the cure of tetanus. He himself was the subject of his observations. Having been accidentally inoculated with tetanus by pricking his finger with the needle of an infected syringe during some experiments in the laboratory, he experienced, about the fourth day thereafter, cramps in the wounded hand. They became more and more general, and at the end of fifteen days there was general contraction. The disease was treated by chloral and rest, and disappeared in about forty-one days. The curious fact connected with his experience was that the syringe was not charged with bacilli but with toxines. The puncture of a needle impregnated with soluble products, had sufficed to determine grave tetanus, and the result proves that the sensitiveness of man to the tetanic poison is extreme, and that the action of the poison does not manifest itself until after a certain time of incubation, as though it were the agent of a living infection.

MM. Courmont and Doe, of Lyon, presented a report of tetanic experiments upon a fowl, which had been for a long time refractory to tetanus. But when very virulent, filtered cultures were employed; they succeeded three times in destroying the fowl, with all the symptoms of tetanus. The blood possessed very distinctive properties of immunity.

Microbes vs. Glycosuria.—MM. Charrin and Gley investigated the resistance to microbes of animals which had been experimentally rendered glycosuric. The resistance was very feeble; moreover the epithelium of the kidney and intestine presented lesions. The liver exhibited steatoses disseminated around the portal spaces, and the suprahepatic veins. The lesion of Armanini, Straus and Erlich—glycogenic infiltration—was not found in the kidney. Apropos of this M. Hanot recalled that he had described the cirrhosis of diabetes as a bi-venous cirrhosis, at the same time peri-portal and supra-hepatic.

Erysipelas and Epilepsy.—M. Féré offered three subjects, the first upon erysipelas and epilepsy. Contrary to the axiom "Febris spasmos solvet"—fever arrests spasm—he did not observe the progress of the attack was modified in two epileptics affected with erysipelas. The second subject was upon the mobility of the orbicularis oris muscle in the facial paralysis of hemiplegia. The relative preservation of this mobility would seem to indicate a distinct cerebral centre for the movements of this muscle. The third observation related to the effect of the injection of solutions of salt, glycerine and sugar into the albumen upon the incubation of the egg of the fowl.

The Academy of Medicine. M. Alphonse Guérin, President.—The year 1893 has been particularly sad and unfortunate for the Academy. On the 17th of October, the president, M. LeFort, presided with his usual practical ability and authority, over the long and difficult discussion of epidemic diseases. Two days thereafter he died suddenly at his home at Brion in Sologne, where he had gone to seek a few days' rest. The sitting to-day was naturally shortened, and terminated after the reading of the *proces-verbal*, and the different expressions of eulogy and regret in memory of M. Le Fort. No year, since the foundation of the Academy, has been marked by such a series of deaths. M. Le Fort occupied a distinguished position in the Academy, not only as a surgeon, but a most unusual circumstance, as a hygienist. As a surgeon since 1859, when he was merely a doctor of medicine, his communications upon resections of the knee, and upon disarticulation of the hip, made a profound sensation. In 1880 his observations of nephrectomy, the first made in France, and practised with the view of curing a case of lombo-inguinal fistula of seven months' duration, made a still greater impression. It is impossible to recollect all his different communications, and the numerous discussions in which he took part. This year, indeed, he entered most actively upon the discussion of the suture of the nerves, the employment of chloroform, and the different modes of treatment of asphyxia. As a hygienist he was connected with the discussion upon the depopulation of France, obligatory vaccination, etc., and was particularly prominent in the investigation of epidemic diseases. In this last he demonstrated with great care the necessity of sanitation, and the difficulties that the application of the new law presented to the medical profession more than any other; this very important discussion merited for him the acknowledgements of the profession. M. Alphonse Guérin, President, after having pronounced a eulogy of M. Le Fort, directed the Secretary to send to his family the profound regrets of the Academy. M. Leon Collin also expressed his regrets at not having been able to assist at the obsequies of M. Le Fort, nor of convoking a delegation of the sanitary service of the army, because of the national obsequies of Marshal McMahon, which took place at the same time with those of M. Le Fort. M. Le Baron Larrey recalled the distinguished services of M. Le Fort as a volunteer military surgeon during the campaign in Italy.

Medical Society of the Hospitals. M. Fernet, President.—Case of Floating Liver.—M. Mathieu presented a woman of fifty-three years who had a floating liver, and who was subject to attacks of icterus, simulating hepatic colic. She had had nine children, and the abdominal parietes were greatly relaxed. Treatment consisted of the wearing of a belt, and if that did not suffice, laparotomy would be performed. M. Legendre had seen an analogous case. M. Siredey knew of a patient who, after the removal of an ovarian cyst, had become affected with an abnormal mobility of the two kidneys, and afterwards with a hepatopsy—falling of the liver. A belt seemed to procure relief. M. Rendu presented a patient who had floating liver and kidneys. She had never

suffered from icterus, but had experienced many painful attacks, which had been relieved by the application of a flannel bandage. M. Galliard related the case of a woman of sixty-eight years, who was profoundly cachectic, and in whom there was an extensive œdema of the lower limbs. The presence of an intrathoracic hydatid cyst of the right lobe of the liver was diagnosed. A puncture was made, followed by injection of a few grammes of Van Swieten's liquor. The patient succumbed, and an autopsy revealed a cyst reaching up to the fourth intercostal space, and pressing upon the heart. The liver too presented cirrhotic alterations. M. Fernet, for the diagnosis of these cases, had recourse with advantage to the "bruit de transonnance" of G. de Mussy. M. Richardière had seen a young girl affected with a tibio-tarsal articular rheumatism following a blennorhagic vulvitis. No curative effect resulted from the use of salicylate of soda. This fact proved that the blennorhagic rheumatism of early life pursues an identical course with that of adult life, and only differs in the rapidity of its evolution, and shorter duration; the prognosis then is more favorable.

Anthropological Society. M. Salmon, President. A Tailless Cat.—M. Adrien de Mortillet offered a new specimen of a tailless cat. It will be remembered that he had already exhibited to the Society a tailless cat from the Isle of Man, England. The progeny of this last with a Parisian cat was also tailless. A still more recent birth presented a rudimentary tail of two or three centimetres. The animal was perfectly healthy.

Neolithic Cranium.—M. Collin exhibited a neolithic cranium from Puligny, in the Canton of Andelys, Lure. On the left side of the frontal bone there was an oval opening produced by a trephine, the borders of which were cicatrised, showing that the patient had lived after the operation, and which also gave proof of the skilfulness of the surgeons of that remote epoch. M. Paul Raymond reported the results of his investigations in Andèche. Under a dolmen he found knives and various instruments in bronze. The grottos supplied him with a great variety of specimens. Some contained the bones of bears, others contained palæolithic débris, and also purely neolithic. In one of these last he discovered a fragment wrought from rock crystal. M. Pokrowski presented crania found in the Crimea, to which he attributed a Tartar origin. M. Gabriel repeated a conference which he had with the Society of Natural History of Autun. He then investigated the evolution of the spoon and demonstrated that the Kabyl spoon very much resembled that used by the Romans; like the latter it was supplied at its extremity with a long handle for picking up morsels; its surface only was a little larger than the Roman.

The Cliff Dwellers of Colorado.—M. Charnay showed numerous photographs of the cliff dwellings, or habitations under the rocks which exist in Colorado, U. S. There were found many objects attesting a very advanced industry, such as stuffs, ornaments, clubs, hatchets, pottery, etc. The inhabitants lodged in the excavations of the cliffs which form the cañons. These excavations were situated at a height of from 150 to 200 feet, and it is difficult to comprehend how they could transport to such a height the enormous blocks of stone which were skilfully quarried and dressed. In effect they constructed large houses which formed a village, and which could contain at least fifteen hundred persons. This peaceful and agricultural people might easily have become nomadic warriors and robbers, and a very ancient origin is generally attributed to them. M. Charnay thinks that they existed at the time of the arrival of the Europeans. Becoming possessors of the horse which the invaders introduced, they abandoned their sedentary lives and became the nomadic red skins.

Coloration of the Iris.—M. Hernè read a manuscript of Dr. Arbault, Eure et Loir, which described different colorations of the iris, and drew from them some conjectures respecting race.

Electro-Therapeutic Society. M. Apostoli President.—M. Regnier, apropos of the communication of M. Leduc, at the preceding session, remarked that in 1890, Betton Massey, in his treatise, "Electricity in the Diseases of Women," mentions the employment of alternating currents proceeding from the oscillating discharge of condensers of static machines. M. Apostoli said that in a memoir by Morton, which appeared in 1890, the apparatus presented by M. Leduc was accurately described. This memoir referred to a preceding one by the same author, which was dated 1881. So the process presented by M. Leduc was not new. M. Labbé read a memoir by M. Kaplan-Lapina entitled "Report of Cases of Uterine Affections Treated by the Method of Apostoli." This memoir contains six observations relative to patients affected with fibroma, and accompanied with hemorrhage, which was speedily arrested by chemical galvano-cautery. These observations embodied views upon the action of currents. M. Regnier, in relation to an opinion of M. Kaplan-Lapina, that fibrous tissue was not affected by the electric current, recalled the proof of La Torre of Rome, who has seen upon a fibroma removed after electric treatment, the fatty degeneration of this last constituent subsequently removed by absorption.

M. Apostoli: Different works, especially the German, report analogous facts. Objections have been made to chemical galvano-cautery, that it produces stenosis of the uterine cavity, but this never proceeds to the interference with the uterine function, as is the case in cauterization with the chloride of zinc. M. Regnier remarked that in two of the observations of M. Kaplan-Lapina there was rather a retroversion, than the well established existence of interstital fibroma. In such cases Faradization applied for hemorrhage produced excellent results. M. Labbé asked if it was always necessary in these hemorrhages to use an intensity greater than 100 milliampères.

M. Apostoli: Fifty milliampères suffice in certain cases, and it is always advisable to limit the intensity to the endurance of the patient. When the annexes are healthy, 100 milliampères, and even more, may be applied. M. Tripier agreed with M. Apostoli that 50 milliampères sufficed as a hemostatic.

Biological Society, M. Galipe, President.—M. Charrin communicated the results of his researches upon an epidemic of the fish of the river Rhone. The dead fish presented an œdematous appearance. Cultures of the infiltrated tissues revealed eleven times the presence of a microbe which appeared to be very similar to the staphylococcus aureus, and the toxines of which produced thorough intoxication. When the cultures were mingled with the water in which healthy fish swam, they reproduced the epidemic.

M. Féré experimented upon the influence of the vapor of chloroform and the essence of turpentine upon the eggs of the fowl, and he proved that in these conditions, especially with chloroform, a considerable delay in the development of the egg was obtained. M. Dastre made a communication upon the uro-toxic power of urine, and said, in substance, that it was necessary to make a distinction between the rapidity of the toxic action of a poison, and the total toxic quality of that poison. The rapidity with which the intra-venous injection of a poison can be made, may suffice to produce effects more mechanical than toxic. Indeed, pure water is dangerous when it is injected rapidly. M. Hanot described the details of a cellular lesion of the liver, constituted of a mass of necrotic cellules, of bacilli and lencocytes, a lesion which is only met with in typhoid fever and tuberculosis.

Medical Society of the Hospitals, M. Fernet, President.—M. Béclére insisted upon the connection of the blennorhagic rheumatism of early childhood and vulvo-vaginitis. M. Senestre had been able to gather two new facts since the communication of M. Richardiere. They are more common than is generally supposed. M. Rendu presented a patient affected with tubercular peritonitis with ascites. This patient after tapping, which gave issue to a large quantity of fluid, received into the peritoneum from eight to ten grammes of camphorated napthol. After slight febrile reaction the ascites did not return, but pro-

duced adhesive peritonitis, with peritoneal hardening, which afterwards disappeared. The patient was entirely cured, and two pleural complications also passed away. There was also a remarkable increase in her weight. M. Legendre remarked that ascites often disappeared spontaneously. M. Du Cazal: Tubercular peritonitis, is, of all local affections, that which appears to have a greater tendency to be cured by different means. M. Fernet would not dare to employ camphorated naphtol in intra-venous injections. He believed them to be painful and not exempt from danger. M. Legendre agreed in opinion with M. Fernet; he had seen animals die in convulsions after injection with naphtol into the peritoneum, and no appearances revealed by the autopsy.

Society of Medicine and Practical Surgery. M. de Beauvais, President. Electric Treatment of Epithelioma of the Face.—M. Garnault related the circumstances of the treatment, and the complete cure of a cachetic patient who was attacked with epithelioma of the face, and which had lasted for twelve years. The sore was as large as a two franc piece, and extended upon the nose; the superior maxillary bone was denuded. The treatment employed was electrolysis of small intensity, for it did not exceed ten milliampères. Three sittings sufficed, and the applications were absolutely painless. The entire treatment lasted seven weeks, the cure is apparently complete, and the disease shows no tendency to return. M. Garnault thinks that electrolysis of feeble intensity, and the use of pyoctanine, constitute the preferable treatment of epithelioma or cancroid of the face, and it is completely painless.

Phenic Gangrene. M. Diamantberger.—Cases of gangrene due to phenic acid are very rare, and it is difficult to decide as to its exact causative influence. I have, says M. Diamantberger, lately seen a patient who had gangrene of a toe, following the application of phenic acid compresses at five per cent. The patient was gouty and affected with arterio-sclerosis. I believe that the veritable cause of the gangrene was the vascular condition of the patient, and the phenic acid was merely accessory.

The Polyclinic.—After an existence of nearly four years, the Polyclinic of Paris has been compelled by reason of the large and increasing numbers of its patients, to occupy more extensive and more desirable accomodations than it had in the Rue Mazarin. This translation to the immediate vicinity of the schools permits this institution to offer more extensive medical facilities, properly called. The number of patients who frequent the Polyclinic affords a rich collection of clinical material, which would make it culpable not to use it in the interest of medicine. Hence we would urge students to attend punctually and avail themselves of the instruction in certain branches which are sometimes too much neglected, such as the diseases of children, mental diseases, dermatology, ophthalmology, laryngology, otology and rhinology. This year the Polyclinic will show the respectable figure of thirty-two thousand consultations, and so, thanks to this number of patients of all kinds, the necessary material is found for the monthly appearance of a scientific publication, called "The Annals of the Polyclinic," and which contains original memoirs of much value, such as the following: "Memoirs upon Tuberculosis," by M. J. Arthand. "Syphilitic Gommata of the Tonsils and Mucous Polypi of the Nasal Fossæ in Children, up to the age of Fifteen Years," by M. Marcel Natier. "Anatomical Peculiarities of the Frenum of the Upper Lip, and Hypertropic Osteoarthropathy in the Child," by M. P. Marie. "Cysts of the Lymphatic Ganglia, and Uric Pathology," by M. H. Gillet. "A New Intra Optic Phenomenon Noted Upon a Hitherto Unknown Change that the Lens Undergoes During Accommodation." "The Seven Images of the Human Eye," by M. Tcherring. "Congenital Fistulæ of the Pavilion of the Ear," by M. Vauthier. "Uræmia, Especially in Cutaneous Affections, Glycæmia, Uræmia in Eclampsia, Normal Placental Respiration, and in Consequence of Maternal Hemorrhage," by M. L. Butte. "New Gynæcological Instruments for Intra-Uterine Applications and for Curettage," by M. Adolivier, etc.

The Pasteur Institute.—The service of hydrophobia in this institute, under the direction of MM. Grancher, Chantemesse and Charrin, with whom is also associated M. Nicolle, treats each year from 1,500 to 1,800 patients who have been bitten. To the rooms for inoculation are annexed other rooms for dressing and operating, under the case of Dr. Prengruber. To this service of treatment properly called, is joined an annex where are carefully guarded animals inoculated with the nervous centres of animals suspected of rabies. It sometimes happens that persons bitten by an animal destroy it before knowing whether it was mad or not. As the autopsy is generally unsatisfactory in determining the accuracy of diagnosis, the inoculation of a healthy animal is the only means of solving the doubt. The vaccine service is confided to M. Chamberland, and M. Duclaux directs the laboratory of biological chemistry. During the winter session M. Duclaux's course—Professor of the Faculty of Sciences—is given at the Pasteur Institute three times a week. His scientific attainments, and the care he bestows upon his lectures, have secured to him extraordinary success, so much so that it is necessary to make application to attend them a year in advance. M. E. Metchriskoff directs the laboratory of microbic researches. Under his instruction numerous scientists are studying immunity. Like all great discoveries, the theory of phagocytosis has been denied or variously modified. This process, however, remains one of the most important conditions of the opposition to the germ theory, and it was against it that the last London Congress launched its discussions and attacks. But the theory of phagocytosis emerged from the contest more accredited than before. We see that the Pasteur Institute is not entirely confined to anti-rabic treatment, but has become one of the most active centres of chemical biology and bacteriology.

Academy of Sciences.—The Academy of Sciences holds its public sessions at the Institute, Quai de Conti, every Monday. They consist of two great classes or divisions; one of the Mathematical Sciences, which comprehends five sections, and the other of the Physical Sciences, which embraces the five following sections, and composed of six members each, viz.: chemistry, mineralogy, botany, rural economy, anatomy and zoology, medicine and surgery. The last section has six French and foreign correspondents. The Academy donates each year prizes for the medical sciences, anatomy, physiology, medicine and surgery, hygiene and experimental physiology. The section of medicine and surgery is represented by MM. Marey, Guyon, Brown-Sèquard, Bouchard and Vernquil. The place left vacant by the death of M. Charcot is not yet filled. M. Pasteur takes part of the section of minerology. The section of anatomy and zoology is composed of MM. E. Blanchard, Quatrefages, Lacaze, Duthiers, Milne, Edwards, Sappey and Rauvier. The president for this year is M. d'Abadie. Among the free academicians are Dr. Baron Larrey and Dr. Brouardel.

Anatomical Society.—This society, one of the oldest in Paris, holds its sessions at the "école pratique," in a hall over the "Musee Dupuytreu." To it are communicated all the interesting cases observed in the hospitals of Paris, and to it also are brought all the pathological specimens that present any remarkable peculiarities. Every second year the anatomical society awards the Godard prize, "Prix Godard." The adjunct members of the society, the internes, physicians, etc., may contribute. Students who read the reports will always find numerous subjects for their theses; the reports are published in a special bulletin. No communication is made without tangible material to illustrate it. This avoids all irrelevant discussion, and has the advantage of putting before the eyes the rarest cases of pathological anatomy that the Parisian hospitals can produce and the material of which is of incomparable richness.

Society of Surgery.—This society meets every Wednesday in the Rue de l'Abbaye. All its titular members belong to the surgical corps of the civil and military hospitals of Paris. The national corresponding members are of sur-

gical celebrity, and have the direction of the surgical services in the hospitals of all the great cities. The President for 1893 is M. Perier; Vice President, M. Lucas-Championniere; Secretaries, MM. Kirmisson and Richelot; Secretary-General, M. Monod; Treasurer, M. Schwartz; Librarian, M. Reclus. The society awards four prizes, the prizes Duval, Laborie, Gerdy, and the prize Demarquay. The two first are annual prizes, the third and fourth are given every two years. The prize Duval was founded in 1854, as an encouragement for the best thesis on surgery published in France during the current year. Only those physicians are admitted to competition who have fulfilled the duties of internes in the hospitals, or have an analogous grade in the military or marine hospitals. The Laborie prize, of value 1,200 fr., and founded in 1854, is awarded each year to the author of the best unpublished work upon some surgical subject, and addressed to the society during the year. The Gerdy prize, value 2,000 fr., was founded in 1873. The Demarquay prize is valued at 650 fr. (the interest of the sum of 10,000 fr). The society proposes the subject for competition, and it is always given two years in advance.

The Medical Society of the Hospitals.—This society meets every Friday in the Rue de l'Abbaye, and its sessions are public. Its members are physicians of the civil hospitals, and of the army doing service in the military hospitals of Paris. They both present the interesting facts of their service, and they often give rise to interesting discussions, especially when they refer to subjects that are still undecided. This happens principally when a general question is made the order of the day. Many members of the society then treat the subject in detail, and their memoirs are publicly discussed. President for 1893, M. Desnos; Vice President, M. N———, Secretary-General, M. Rendu; Secretaries of the Sessions, MM. Sireday and Legendre; Treasurer, M. Montard Martine.

Society of Legal Medicine.—The sessions of this society are held at the "Palais de Justice" on every second Monday of the month. These are very interesting conferences, and students and physicians will find it very much to their advantage to attend them. At the last "Expositions Universelles" an International Congress of Legal Medicine was carefully organized by the society, and questions of the greatest importance were there considered, a report of which may be found in a special bulletin published through the National press very carefully by the Minister of Agriculture and Commerce. The ordinary bulletins of the society are published by I. B. Baillière and Son.

Society of Hypnology and Psychology.—On the third Monday of each month, the members of the above society convene at the "Palais des Sociétés Savantes," Rue Serpente. Created in 1889 during the International Congress, it manifested its scientific tendencies by putting it under the control of such men as Azam, Brouardel, Brown-Séquard, Charcot, Liebeault, Mesuet, Lombroso, Charles Richet, Jules Soury, elected honorary presidents. The object of the society is to investigate questions of experimental psychology in its relations to physiology, pathology, therapeutics and legal medicine. The sessions are public, and are attended by many physicians and students. The bureau is composed of the following: President, M. Dumontpailler; Vice President, M. Augvoisin; Secretary-General, M. Berillon; Treasurer, M. Mæstrati. MM. Babinski, G. Ballet, Dejerine, Committee of Publication, and Secretaries of the Sessions, MM. Magnin and Guerin. The Liébault prize. The society has received from Dr. Liébault, of Nancy, the sum of 1,000 fr., to found a prize to reward any work upon subjects relating to hypnotism and physiological psychology. J. A. C.

Dr. Geo. Taylor Stewart, Chief of Staff, reports 838 patients treated at the Ward's Island Hospital during November, with a death rate of 3.34 per cent. For the eleven months ending November 30th, 6,036 patients were treated, with a death rate of 6.15 per cent.

REPORT OF COMMITTEE ON HYGIENE.

NEW YORK, October 23rd, 1893.

TO THE MEDICAL SOCIETY OF THE COUNTY OF NEW YORK:

The Committee on Hygiene would emphasize its report of last year, in which the sanitary condition of the city was reviewed. No substantial change has been effected in any direction.

The question of the purity of the Croton water supply has received so much attention from the Academy of Medicine that your committee has not thought it necessary to devote much time to its consideration—not that it has been unappreciative of the importance of the subject, but thinking that nothing could be accomplished which the Academy of Medicine was unable to do.

Attention cannot be called too often to the danger lurking in a glass of water when that water is obtained from a well situated in close proximity to a privy-vault, or cesspool, or both. Who knows but there may be a seam in that stratum of a rock through which may pass cesspool contents not even filtered through the soil?

Your Chairman recalls a situation like this: A baker with a store and oven on the front of a 25 x 100 feet lot; a tenement house in the rear; between these buildings an open yard 25 x 40 feet in which was located a privy-vault, a horse stable with an open manure box, and a shallow well, the water from which was grossly contaminated. Yet from this source the baker procured the water used in making the bread which was sold throughout the neighborhood, and the tenants of the house the water for various culinary purposes. The baker thought it a great hardship that he should be compelled to fill up this well and go a block or two for Croton water.

Attention is called to the danger of drinking from the average water tank, as found in railway cars and stations and other public places.

Many cases of typhoid fever of mysterious origin could be traced to the filthy water-tank, which has been filled with water and ice of doubtful purity and refilled each day without cleansing; the faucet being an inch or two above the bottom of the tank, permits an accumulation of an inch or two of sediment loaded with germs.

It seems surprising that the public are so careless in drinking fluids of the purity of which they know nothing, when the same persons are very particular and even dainty as to what they eat.

The present regulations of the Health Department, if rigidly enforced, leave little to be desired in the conduct of horse stables. The regulations are briefly as follows: That the flooring of stalls be water-tight, draining toward a valley-drain, which is connected with the street sewer by means of an iron pipe properly trapped; that the yards be properly graded and paved, and connected with the sewer; that manure shall be kept within the stable in tightly covered receptacles, except in certain cases where there is a rear yard at a considerable distance from a human habitation, in which case, and by a special written permit granted by the Board of Health, the manure may be kept in a properly covered manure vault or box. The manure to be removed at frequent intervals from within the premises in tight carts properly covered, and transported directly to a designated pier or bulkhead, which pier or bulkhead must be not less than 300 feet from an inhabited dwelling. There the manure is to be dumped directly upon scows or floats, to be immediately taken out of the city. No accumulation of manure in the city is permitted. The use of sidewalk vaults, and the carrying of loose manure across sidewalks, is prohibited.

The substitution of cable traction for horses on street cars in Broadway and Third Avenue, removes 3,000 horses from these thoroughfares. This means that in future twenty tons less of manure will be daily dropped in these streets.

Your committee would again urge the cremation of garbage, or at least the adoption of some measure which will do away with the necessity of dumping ashes and garbage at sea, or rather in the mouth of the harbor, to be swept

back by the incoming tide to fill up the channels and to pollute the neighboring shores.

The faulty manner in which streets are cleaned and house refuse collected, induces many householders to employ private contractors to do that which should be done equally well by the Department of Street Cleaning. It is a hardship that persons are compelled to pay twice for anything, and yet that is what we do when we pay taxes and again pay for street cleaning and refuse removal.

The separation of ashes and garbage is possible, at least, in the better portion of the city, if the Department of Street Cleaning would provide separate carts and use them properly. The separation of ashes and garbage would remove much of the difficulty in disposing of both; for the ashes and inoffensive refuse, which constitute the larger portion of the material, could be used at all seasons of the year for filling sunken lands, while the garbage could be removed from the city and utilized as fertilizer or fed to swine. Until some radical change is made in the methods of the Street Cleaning Department, two practical rules should be enforced. 1st. That drivers of carts should take the ash and garbage receptacle from within the premises, and, after emptying it, replace it; in no case leaving it upon the sidewalk (as they habitually do at present).

The enforcement of this rule would remove the unsightly and offensive receptacle from the area or sidewalk.

2nd. The carts must be water tight, and not filled within two inches of the top, and when so filled, to be securely covered so as to effectually prevent the scattering of the contents, either by jolting of the cart or by the wind.

Your committee would again speak of the great necessity of preventing by adequate means, the dissemination of disease through the intermingling of patients at dispensaries.

As each patient enters a dispensary, he or she should be seen by a physician, who should make a diagnosis, and, if any communicable disease is found, to prevent communication with other patients. There is no doubt that many diseases are communicated through neglect of this simple precaution.

It is earnestly recommended that more adequate measures be adopted to prevent the spread of tuberculosis. Nearly every physician can recall cases of undoubted contraction of the disease from association and contact with the afflicted.

The ignorance of the laity, and the carelessness of the profession, are responsible for many deaths from phthisis. It has come to be acknowledged that the bacilli of tuberculosis may float in the watery vapor exhaled from the lungs. How far they may be carried may be estimated by the distance a person's breath may be seen on a frosty morning, or how far a tainted breath may be perceived.

If the bacilli borne on the breath fail to find lodgment in a fertile soil, then the same result may be accomplished in many other ways, as through means of the dried and pulverized expectoration blown by the wind or carried by dress trains into houses hitherto healthful.

Syphilitics are allowed to roam about, a constant menace to the public health; using the common towel and hair brush in sleeping car, hotel and restaurant, drinking from public fountain, and even from a communion cup subsequently passed to pure lips. The scourge of syphilis afflicts the innocent oftener than we are apt to think.

Your committee would urge that more power be invested in the State Board of Health, and more means appropriated to enable it to perform more thorough work in every direction. There should be competent State Sanitary Inspectors, whose duty it should be to inspect rural districts as to the condition of drainage; the proximity of wells to privies and cesspools; the prevention of the pollution of streams which eventually furnish the water supply of cities; the condition of health of milch cows and animals fattened for slaughter, with special reference to the existence of tuberculosis among them, and, finally, to act as teachers of sanitation to those careless of such matters. Your committee has viewed with pleasure the recent action of the Academy of Medicine, in favoring the creation of a Bureau of Public Health under the general government.

Respectfully submitted,

(Signed) W. A. EWING, M. D., *Chairman.*
S. HENRY DESSAU, M. D.
EGBERT H. GRANDIN, M. D.
ROBERT T. MORRIS, M. D.

TRANSLATIONS, GLEANINGS, Etc.

RETROSPECTIVE DIETETICS.

Treatment of Obesity by Exclusively Nitrogenous Diet and Copious Libations of Warm Water.—Savill and Haid (*Pittsburg Lancet*) recommend the following treatment for pronounced obesity. The individual is restricted to a purely nitrogenous diet, consisting of one pound of cooked fish and one pound of lean meat per day, and a pint of hot water must be drunk at intervals of two hours. Aside from this, no other article of diet whatever must be taken. The meat and fish may be taken at regular intervals, as suits the case. Five or six pints of water should be taken during the day. The hypothesis on which this treatment rests is that the patient supplies the needful hydro-carbons, which are withheld from his diet, through absorption from his own body. The ingestion of the large quantities of hot water is likewise supposed to exert a beneficial influence in some unexplained manner. This should be continued even after the patient has returned to ordinary diet, from which, however, potatoes and especially beer, are excluded. It is not unlikely that the large quantities of water tend to overcome the renal disturbances which often manifest themselves when an exclusive nitrogenous diet is adopted with the ingestion of the ordinary amount of water only.

Meat Diet in Gout.—In dealing with this disease, Dr. J. Mortimer Granville, of London, follows a course directly opposed to prevailing ideas respecting its pathogeny and therapeutics. He claims, however, that his "tonic method" both cures more speedily than the usual treatment, and lessens the liability to complications. The only medicine Dr. Granville prescribes is iodine, which, he thinks, favors the elimination of uric acid. He administers it not as a salt, but in a state of feeble combination, as, *e. g.*, with caffeine; the dose is 6-20 centigrams. He also employs the mineral acids (nitric, hydrochloric and hydrobromic), or else the permanganates, or vanillic acid. But the really distinctive and important part of his treatment is the dietetic. During acute attacks, the patient is given meat-juice, broth and beef-tea, with dry champagne, this last being regarded as another promoter of uric acid excretion. In the intermissions, he is ordered *dark* meats, *i. e.*, beef and mutton, but *white* meats—such as chicken, pigeons and rabbits—are forbidden, as also are vegetables, farinaceous articles, sweets and jellies; the allowance of bread is reduced to a minimum. In short, he subsists on meat almost entirely. Spirituous beverages are prohibited, but generous wines, like dry champagne, port, etc., should be taken in moderation. Not more than 40 grams of absolute alcohol should be ingested daily, but this amount is indispensable.

For Pure Milk.—A Committee on Dairies of the New York Academy of Medicine has reported as follows: "It having been conclusively demonstrated that a great and dangerous source of contamination of milk comes from dirt and filth from the cow's coat, bag and udders, and from the milkmen's hands, it is especially requested by a committee appointed by the pediatric section of the New York Academy of Medicine that dairymen see that all visible dirt be removed from the cow's coat immediately before each milking, and that the bag and the udders are cleansed at the time of milking, and that the milkmen wash their hands thoroughly with soap and water before milking. Antiseptic surgery has proven that absolute

cleanliness is a preventive of germ contamination. Milk is a most fertile fluid for germs of all kinds when they have once gained access to it. By means of absolute cleanliness in the manner already indicated, the most prolific source of disease from contaminated milk will be avoided. Again, it is an established fact that numerous epidemics of contagious diseases in cities and towns have originated from infected milk, such epidemics having been frequently traced to the milk. Infection of the milk in these cases is generally due to the milkman being in attendance on some patient with contagious disease at the time, or in his handling or cleaning cans or jars in which milk is to be transported, or from the sick themselves performing the same duties, either at the outset of an illness or during convalescence. Still another common source of infection is from washing the cans and jars in impure water. Creek water should be regarded as dangerous for the cleansing of vessels. It is therefore urged that only spring water or pure well water be used for washing all milk utensils. We urgently appeal to the dairymen to assist us in preventing this great source of disease and death from the one and only food of infants and young children. If farmers would put into practice these simple suggestions, they would soon drive from the market all infant foods which are now so largely sold at enormous profits."

Chronic Nephritis Without Albuminuria.—That the mere presence or absence of albumen, and the detection of or failure to detect the presence of tube-casts in urine, are not safe guides in the diagnosis and prognosis of chronic disease of the kidney, degenerative or inflammatory, would seem demonstrated by the results of a careful study detailed by Stewart (*American Journal of the Medical Sciences*, December, 1893. p. 654), who records a group of illustrative cases in which the presence of albumen could not, as a rule, be demonstrated, while tube-casts were only occasionally found. The symptoms to be looked for in cases of this kind are rather heightened arterial tension, with accentuation of the second sound of the heart, and a tendency to cardiac enlargement, diminished secretion of urine, and deficient elimination of nitrogen, headache, vertigo, breathlessness, impaired vision, and retinal changes.

In any case in which insidious changes in the kidneys are suspected and the presence of albumen and tube-casts is not demonstrable by ordinary methods, repeated examinations of the total twenty-four hours' urine should be made. The search for casts may be facilitated by centrifugation. Attention should also be directed to the quantity of urine excreted and the amounts of solids contained, particularly of urea and uric acid. The value of these observations resides in the fact that early recognition of the condition is essential to the attainment of the best therapeutic results.

Surgical Treatment of Urinary Incontinence in Women.—(*Intern. Klin. Rubdschau*, No. 19, 1893). Incontinence of the urine in women is by no means rare. The slightest increase of abdominal pressure produced by coughing, laughing, or any other effort, causes the urine to escape. Attempts have been made to remedy the weakness of the sphincter and the shortness of the urethra by cauterization of the external orifice of the canal. Three years ago, Gersuny proposed to twist the canal, and this operation has just been successfully performed by Zuckerkandl.

The patient was 54 years of age. Examination showed the bladder to be in normal condition. She was afflicted, however, with the variety of incontinence just described, and had submitted to various modes of treatment without favorable result.

Zuckerkandl made an oval incision around the urethral orifice, and separated the walls of the canal up to the bladder. By then twisting the urethra in the direction of the hands of a clock, he obtained a rotation of 360°. The external orifice was then fixed in this new position with a row of stitches, a sound was left in place for two days, and after fourteen days' rest the cure was complete, and the patient could easily retain her urine.

It is well to remember that the first patient operated upon by Gersuny in this way, three years ago, has never again been troubled by incontinence, but has, on the contrary, to make an effort to pass water. Gersuny has successfully applied the same method to the making of an artificial sphincter ani, by drawing the extremity of the large intestine and twisting it and then framing it with stitches to the edges of the orifice.

Should Medical Professors Practice?—The question is now debated whether professors at the Medical Faculty of Paris ought to practice their profession. The *Journal des Connaissances Médicales* thinks they should not. The State looks to them to form medical men, to give them the instruction necessary to enable them to maintain the public health in the most satisfactory condition. They should inoculate the pupils who crowd round them with a love of study, and instil into them scientific principles. It is the Faculty professors who are to educate medical students to be accomplished, able medical men, fitted to foresee illnesses, to diagnose them, and combat them. In order to fulfill this mission, the professor must be a studious, scientific man. Study is, it is contended, impossible in a life occupied in other ways. A medical practicing professor has no time on his hands; frequently a day's work is insufficient to visit all his patients. Practicing medical men, even the most distinguished and scientific among them, can only keep themselves abreast of the progress directly bearing on medical practice; this knowledge is not sufficient to enable them to form other minds desiring to rank with their own. Besides teaching is furnished by the clinical professors.

Bacteriological Diagnosis of Tuberculosis.—At the recent meeting of the French Congress for the study of tuberculosis, (*Texas Med. Journal*, Nov., 1893), M. Aubeau, Honorary President of the Clinical Society of France, announced that by bacteriological examinations of the blood, milk, spermatic and other fluids he was able, not only to diagnose tuberculosis in advance of the usual symptoms and signs relied on for that purpose, but could diagnose the disease by this method while yet none other would furnish the slightest suspicion of its presence. He stains his preparations with Ziehl's carbon-fuchsin, and exhibited various specimens of milk, blood and spermatic fluid prepared with the assistance of M. Galasz, containing Koch's bacillus. M. Aubeau believes his discovery explains and proves the direct transmission of the bacillus tuberculosis from father to child—an infection at the moment of fecundation.

Commenting on the importance of this discovery, the editor of *Le Médicine Practique* writes: "If we have such a diagnostic element, while nothing else appears to reveal tubercular activity; if we have such precious means of enlightenment, then we have something destined to revolutionize the prophylaxis and hygiene of tuberculosis * * * the possibility of killing the bacillus before it begins its terrible work of destruction, can be considered."

Urinary Alkaloids and Chloroform.—Said Dr. T. Lauder-Brunton in a recent address before the British Pharmaceutical Association: "A great deal has been written lately in the medical papers about deaths from anæsthetics, and especially from chloroform, and the utmost care is now used to obtain anæsthetics free from impurity, because impurities have been looked upon, and probably rightly, as being responsible for some deaths, but it is quite possible that the impurity, if we may so term it, is not always to be found in the chloroform administered, but actually exists in the body itself, in the form of alkaloidal substances which, in combination with chloroform, tend to produce death. Lately Professor Poehl, of St. Petersburg, was visiting this country, and he informed me that in Russia they are now begining to pay much atten-

tion to this subject, and they are now able, by analyzing the urine beforehand, to tell whether the administration of chloroform will be dangerous in any case or not. If the quantity of alkaloidal substances which they can precipitate from it is great, the administration of the anæsthetic will almost certainly be risky, whereas if the alkaloidal substances are scanty, the anesthetic can be administered with perfect safety. In a tolerably large proportion of the deaths recently recorded, the anæsthetic had previously been taken by the same persons with perfect safety. Why death should occur to such persons after a second or third administration has hitherto been a mystery, but it can now be readily understood on the supposition that from indigestion, imperfect action of the liver, or some other cause, the alkaloids were more abundant at the time of the fatal administration than they were on the previous occasions. The idea which is now being worked out in Russia occurred to me several years ago, and therefore some experiments made by the Hyderabad Chloroform Commission, of which I was a member, were made with the object of ascertaining whether disease of the kidneys induced by cantharides, or the alteration in tissue change generally which is induced by phosphorus, would render the administration of chloroform more dangerous. The number of these experiments was too small to lead to any positive result, and at that time there was no good method of quickly determining the amount of alkaloidal substances in the urine, although this can now be done with considerable rapidity and approximate accuracy."

Contagiousness of Leprosy.—According to Sir William Moore, late Surgeon-General to the Bombay Staff (*American Lancet*) leprosy is not contagious by slight contact, but all that is necessary is the transmission into the system of the smallest portion of the virus by means of an abrasion on the skin, or a sore, by water, by flies, or any agent which communicates the leprous discharge to the blood. In his opinion the late celebrated Father Damien probably contracted the disease in consequence of an abrasion of the skin coming in contact with a leprous discharge. Sir William points out that there are many cases on record in which mere contact did not communicate the disease, such as that of a wife who had not contracted it from a leper husband, or the reverse.

Cirrhosis of the Liver.

ALCOHOLIC CIRRHOSIS.	BILLARY CIRRHOSIS.
Icterus only in the last stages.	Always icterus from the beginning.
The connective tissue grows only interlobular and more circumscribed.	The connective tissue grows *intra*-lobular and *inter*-lobular.
No proliferation of the hepatic ducts, and more changes of the portal veins and hepatic arteries.	Proliferation of the hepatic ducts; no changes of the vessels.
Contraction of connective tissue with following compression of the interlobular veins and ascites.	The patients die before the contraction can set in; therefore, no ascites.

A Simple Hot Air Bath is described by Dr. Ferd. C. Valentine in *Condensed Extracts*, as follows: Place a large alcohol lamp upon a cane-bottom chair, cover it with one part of the elbow of a common stove pipe; introduce the other open end under the bed-clothes, and very soon the patient will be enveloped in an atmosphere heated to 150 degrees.

Beneficence of Bacteria.—Bacteria have a bad reputation in the popular mind on account of the part they play in many fatal diseases. Yet all the bacteria in the world are not working against man and his interest. On the contrary, some of them are his potent and faithful allies. Consider, for instance, the minute organisms that manufacture nitric acid as a food supply for plants. One set of bacteria busy themselves in turning ammonia found in the soil into nitrous acid. There their work ends, and so far as the plants are concerned, it has been ineffective, because plants cannot feed upon nitrous acid. But another set of bacteria takes up the operation at just this point, and from the nitrous acid produce nitric acid, from which plants are readily able to derive nourishment. Still other bacteria, living in the roots of certain plants, enable those plants to assimilate nitrogen derived from the air, and this, instead of exhausting the soil in which they grow, actually serves to enrich it. In short, man probably has at least as many friends as foes in the microscopic world.

The Clyster in Africa.—In the course of a recent exhibition of photographs taken in Africa, as *Progrès Médical* recounts, M. Marcel Monnier showed an African method of administering enemata. The implement employed is made of a gourd with two reeds stuck into it on opposite sides. The sick person reclines on an assistant's knees in the attitude of a swimmer. One of the reeds is inserted into the rectum, and the operator, taking the other one into his mouth, blows forcibly through it, thus driving the enema out of the gourd and into the patient.

Cocaine in Small-Pox.—Dr. Samayoa (*La Escuela de Medicina* of Guatemala), after using this alkaloid in several cases of small-pox, states his results as follows:

1. Cocaine given continuously from the beginning can completely abort the disease.
2. If given after the eruption has appeared, it will transform confluent or hemorrhagic forms into the discrete.
3. Sometimes when the cocaine is given from the beginning of the disease, the eruption assumes a *corneal aspect*, and the pustules collapse before the usual time.
4. Cocaine prevents suppuration, hence there is no secondary fever, and no pitting.
5. To obtain these results it is necessary to give cocaine as soon as the initial symptoms appear, and *it must be continued without interruption.*
6. The best preparation is the hydrochlorate, which should be continued five or six days or even nine if necessary.

Chloroform in Parturition.—Dr. L. Ridgeway Barber, in the *Med. and Surg. Reporter*, ably discusses the question of administering chloroform to women who have organic heart disease. He concludes that chloroform by inhalation can, and will if properly administered, save the lives of parturient females, suffering from organic disease, when death seems imminent from over-stimulation of its ganglia through reflex nervous action. Organic heart disease, then, does not preclude the use of chloroform in labor, but rather is a condition calling for its careful administration.

OBITUARY.

DR. ALONZO S. BALL, one of the oldest physicians in the city, passed to a higher life Dec. 17, at the ripe age of ninety-three years and ten months. Dr. Ball retired from general practice nearly ten years ago, but was active in church and charitable work until his last illness, which was of only short duration. Dr. Ball was one of the little band of abolitionists in the early days of the movement, and a most earnest and active worker in the cause of Christianity. He was an earnest advocate of temperance, the rights of man and equal justice to all. Dr. Ball was one of the oldest graduates of the College of Physicians Surgeons.

MISCELLANY.

—The veteran orthopedist, Lewis A. Sayre, was recently successfully operated upon for cataract.

—Dr. William H. Broadbent has been chosen physician to Mr. Gladstone, in place of Sir Andrew Clark.

—M. Lacassagne has collected the histories of 545 morphinomaniacs in France, of whom 289 were physicians.

—Prof. Fraenkel, of Berlin, announces that he has discovered the typhus bacillus. He says he has used it successfully in immune experiments.

—There are 12,000 male physicians in Russia, of whom 2,500 are in the army, and 400 female physicians. There is one doctor to every 12,000 people.

—The *Kansas City Medical Index* tells us that the Homœopathic Department of the University of Michigan has been merged into the other medical department.

—In the census of the medical profession of Great Britain, midwives and nurses are included, making a total of over eighty-five thousand. The London directories class physicians among the tradesmen.

—Four members of the Imperial College of Physicians, at Pekin, who failed to give a proper diagnosis of the Emperor's recent indisposition, were punished by having a year's salary taken away from them.

—Balfour reports that he has almost never failed to obtain prompt relief in cases of pruritus of the anus and vulva from an ointment containing 80 grains of calomel to the ounce of vaseline or other unguent.

—A curious accident is described in the *Hospital Gazette*. An eyelash happened to be carried into the eye by an accident, took root in the iris and grew in coils in the anterior chamber, until it had to be removed.

—A law in Germany requires that all drugs intended for internal use be henceforth put up in round bottles, and those for external use be placed in hexagonal bottles. This enactment is precautionary against poisoning.

—By an order of the Queen Regent of Spain, all the medical men connected with the university faculties are directed to wear as a distinguishing badge a gold medal suspended by a cordon of the color peculiar to each university.

—Eastern health officials are urging that a hospital car be run in connection with every immigrant train, and, in the event of contagious disease making its appearance, that sick passengers be removed thereto and the car switched off and isolated.

—It is said that one instrument-maker in this city sold within the past year six dozen special trusses for ventral hernia occurring after operations for appendicitis. It would thus appear that this is not so trifling an affair as some describe it.

—Dr. Frederick Andros, of Mitchell, was the first authorized practitioner of medicine in the immense region west of the Mississippi and north of the Missouri. He is a native of Massachusetts, is now nearly 91 years old, and settled in Dubuque in 1834.

—A Congress of Norwegian physicians, which recently met at Christiania, held its sessions on a large steamer which moved from place to place. The physicians were thus furnished with fresh air and change of scene while pursuing their scientific work.

—The late meeting of hay-fever sufferers decided that the treatment of the nose by local cauterization is often of benefit, but only to a slight degree and temporarily, and that most therapeutic measures are of little use and some of them positively harmful.

—The English father of laparotomy, Dr. Charles Clay, who resided near Blackpool, departed life recently at the ripe age of 92 years. His first ovariotomy, performed in 1842, was a complete success; equally satisfactory was his extirpation of a uterine fibroid three years later, through an abdominal incision.

—A society for the prevention of tuberculosis has been formed in Philadelphia. One of its objects is the dissemination of popular educational literature, on the prevention of tubercular infection. Information as to membership, etc., can be obtained by addressing the Secretary, 727 Walnut Street, Philadelphia.

—Mr. Jonathan Hutchinson does not recollect to have seen any but fairly healthy persons sneeze. He mentions the widely spread popular superstition that sneezing is a sign of health and "good luck," and thinks this may have its origin in the fact that it is for the most part an act restricted to those to fair health.

—Sir Benjamin Ward Richardson gives complete proof in his *asclepiad* of the insufficiency of the test of death obtained by the semi-translucency of the margins of the fingers when brought together before a strong light. While that appearance will be present in life, it may also be seen in some cases of undoubted death.

—A well-known doctor in a western city, who has a very prominent abdomen, recently confined a lady, and in a day or so the following conversation was overheard. First little girl: "Where did you get your baby?" Second little girl: "Dr. —— gave it to us." First little girl: "Oh! has he got babies?" Second little girl: "Oh, yes; he's just full of em."

—A supplement to the trained nurse is being provided by the Massachusetts Emergency and Aygienic Association, in the education of young women to be attendants upon chronic invalids, aged persons, convalescents and sickly children. They are expected to follow the trained nurse, or to take cases which are not sufficiently severe to require the expensive attendance of the fully trained nurse.

—Physicians of India have written a letter to the International Medical Congress to meet at Rome, petitioning for the establishment of a medical journal in the Latin language, to give abstracts of all important papers, investigations and discoveries throughout the world, thus preserving a condensed, reliable and permanent current history of medical progress for reference in all time to come.

—It is related of Prof. Gayet, of Lyons, that having cured a man of anterio-venous aneurism of the internal carotic artery and the cavernous sinus, and being desirous that this happy result should be verified after the death of the patient, he paid the latter a certain sum for having tattooed on his arm the following lugubrious words: "Anevrisme arterio-veineux du sinus caverneux gueri; priere d'autopsie."

—Newfoundland dogs are to be employed to rescue the persons who fall or throw themselves into the Seine. The dogs are to be housed upon barges anchored in the river. The skill with which these dogs recognize the falling of persons into the river, and the unerring certainty with which they reach the body by the most direct route and seize it at the proper place and swiftly bring it to barge or shore, are matters of marvel to all observers.

—Dr. S. J. Smith (*Med. Brief*), in reply to a question "whether there are any known cases of impregnation of the lower animals by man or *vice versa*," calls attention to "the birth, at the Pennsylvania University in 1878 or '79, of an animal, the progeny of a man and chimpanzee," from the Zoological Garden at Fairmount Park, Philadelphia. The experiment was made to prove the Darwinian theory that the chimpanzee belongs to the *Genus Homo*, and the hybrid lived about three months. "The *Philadelphia Ledger* had a column on the subject at the time it occurred."